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ABSTRACT

The bibliography on child neglect includes approximately 130 entries grouped under the following categories: general, prevention, identification, etiology, treatment, and sequelae. Within each category, articles appear in alphabetical order by author's name and usually include the title, date of publication, source, length, and an abstract. (LS)

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CHILD NEGLECT

An Annotated Bibliography

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CHILD NEGLECT

An Annotated Bibliography

N. A. Polansky

C. Hally

J. Lewis

K. Van Wormer

Supplement to the final report of a study prepared under SRS Project Grant No. 09-P-56015/5, Community Services Administration, Social and Rehabilitation Service of the United States Department of Health, Education, and Welfare.

Regional Institute of Social Welfare Research
School of Social Work
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January 1975

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GENERAL

Boardman, H.E. 1963. Who insures the child's right to health. In The Neglected-Battered Child Syndrome. New York: Child Welfare League of America (Pamphlet), pp. 5-12.

A basic conflict in American values exists in this area and makes dealing with battered-neglected children emotionally charged and difficult. American society values individualism and, proceeding from that, the right of parents to raise their children as they wish. We are, however, becoming increasingly aware of the rights of children. In earlier times American society was less anonymous and social controls preventing neglecting and battering children were more effective. Boardman notes the irony in our preventing abortions, defending the "right of the fetus," and then doing so very little to insure the right of the child once it is born!

To carry the cause of children's rights further, it is essential that criteria be developed to differentiate between neglecting parents and battering; and to differentiate who can utilize professional help from those whose personalities are so arrested and depleted that they cannot become adequate parents. The results of leaving children with parents who are diagnosed "untreatable" or "inaccessible" must also be comprehensively studied and the findings presented to the community so that legislation will be forthcoming. C. Hally

Boehm, B. 1967. Protective services for neglected children. In Social Work Practice. Columbus, O.: National Conference on Social Welfare, pp. 109-125.

The purpose of this study was to determine: (1) How decisions for placement are made; (2) the criteria used by the social worker in determining whether or not placement is needed; (3) how the worker evaluates the adequacy of the family to continue care of the child. The research was conducted in the welfare department in the Twin Cities of Minnesota--a large urban area with a population of over one million. The writer believes that neglect is culturally defined, and each community identifies the child-rearing behaviors of which it

approves or disapproves. Therefore a questionnaire survey of the community's attitudes was made, sampling reactions to case examples among persons in professions that play a significant role in disposing of neglect complaints. It revealed strong consensus for protective action in situations involving physical hazard to the child; and a disapproval of emotional neglect, but not strong enough to demand protective action. Situations in which parents violated community norms but their children did not appear neglected did not evoke consideration of protective placement.

Characteristics of families actually referred to a placement agency during the study were like those of "multiproblem families" so familiar in the literature. Most of the neglectful families came from the lowest socioeconomic stratum with a high incidence of broken homes, minority group membership, low income and education, substandard housing and neighborhood, and large family size.

Two hundred active neglect cases were also used in studying criteria for deciding the separation of child from family. Of several criteria, the most significant for deciding about placement was the caseworker's evaluation of maternal behavior. In caseworkers' plans for length of placement, prognosis was based primarily on evaluation of the intensity of the mother's desire to have the child returned to her. The type and degree of pathological behavior on the part of the child was not a significant determinant in the placement decision, nor was the worker's assessment of the father. The suggestions for improving services in this area focus on developing preventative community services before the stresses make the family so dysfunctional that removal of the child is necessary.
C. Hally

Calkins, Carl et al. 1973. Children's rights: an introductory sociological overview. Peabody Journal of Education, 50:89-109.

Paul Goodman stresses that children are not treated in our society as complete persons. "The establishment of the conditions necessary to insure the welfare of children, i.e., the actualization of particular rights for children, has often received less attention than the organizational demands of social systems" (p. 108). Children are effectively relegated to second-class status in the present social structure.
K. van Wormer

Coles, R. 1971. Children of Crisis: Migrants, Sharecroppers, Mountaineers. Vol. II. Boston: Little, Brown.

As the main feature of the book, child psychiatrist Coles does a clinical study of the adaptations of children of migrants, sharecroppers, and mountaineers. Through interviews and observations, the author does a loose methodological study from 1961 to 1971 of the land, parents, children, and life of the Appalachian poor and migrants of the east coast. The strengths and weaknesses of these people are described through Coles' account of his interviews.

Fanshel, D. and Shinn, E. B. 1972. Dollars and Sense in the Foster Care of Children: A Look at Cost Factors. New York: Child Welfare League of America.

Reports findings that emerged in the course of a longitudinal study of 624 children entering foster care in New York City during 1966. Sample, followed for five years, created the possibility of studying cost factors normally not readily accessible. In New York City, there is reliance on purchase of services by the public sector from private child care agencies out of the New York Charitable Institutions Budget. Data available in the Bureau of the Budget provided possibility, via computer program, to sum total costs over a four-year period. Results include neither the small costs (less than 5%) contributed without reimbursement by private agencies or services in the public sector incidental to placement; estimates are low.

Of the 624 children, 407 had been discharged from foster care (i.e., foster home or institution) by the end of four years; caring for these children cost $3,567,672. The 217 still under care had already required an expenditure of $3,636,321. Relevant average costs per child were $8,766 and $16,757. Projections from available figures showed, for example, that for the 161 families where the children were still in care, cost of keeping them to maturity would total $23,652,027! From experience, this is not unlikely to occur. Potential savings through returning children to their own homes or arranging adoption are identified. Besides waste of children's lives, financial losses attendant on failure to arrive at prompt case decisions, or endlessly awaiting parental improvement that does not occur are extremely large. Illustrations of large, poor families involving psychotic or otherwise neglectful parents are given with estimates of eventual costs of caring for the children in each family ranging from $500,000 to $750,000. Computer management is recommended as one method to ensure tracking of cases in very large agencies. N. Polansky

Fontana, V. J. 1973. Somewhere a Child is Crying: Maltreatment--Causes and Prevention. New York: Macmillan.

Provides a survey of the problem of "maltreatment" in the U.S. and especially in New York City, and an impassioned plea for more public and private efforts at prevention and treatment. Abuse and neglect are placed under the same rubric. "Any treatment by which a child's potential development is retarded or completely suppressed, by mental, emotional or physical suffering, is maltreatment, whether it is negative (as in deprivation of emotional or material needs) or positive (as in verbal abuse or battering)."

Observations are from the vantage point of pediatrics and emergency rooms of a very large urban hospital serving a great many poor people. Discusses various diagnostic signs, ranging from subdural hematomas and old fractures to malnutrition, etc. Believes that, as of time of writing, at least 150 children die in New York City alone each year of maltreatment. Links abuse to increasing and pervasive violence in this country, and believes the prevalence, grossly underestimated, is rising steadily beyond what can be accounted for by improving detection and statistics.

Offers case illustrations of typical family dynamics, and reviews the problems of organizing a community for preventative and ameliorative action. Describes efforts made in New York from vantage point of one who chaired major committees involved. An interesting attempt at offering inpatient group treatment to grossly neglectful mothers is described, with puzzlement both as to how to make it more effective, and how to get such women to accept the help offered. Collects data, examples, theories and possible solutions in what is substantially a book directed at the general reader. N. A. Polansky

Haynes, G., Davie, R. et al. 1973. National Childrens Bureau Tenth Annual Review. London, England: The Bureau (Pamphlet).

This pamphlet reviews the first ten years of the Bureau's progress. Like all such documents, it is of course optimistic and self-laudatory. But it does provide an image of problems that have concerned Britons professionally involved with children--work with the handicapped, pre-school, etc. The Bureau is the sponsor and conductor of the exciting study of all children born during a given week in 1958--a unique cohort study of needs and services. N. A. Polansky

Meier, E. G. 1964. Child neglect. In N. E. Cohen, Ed. Social Work and Social Problems, pp. 153-199. New York: National Association of Social Workers.

The most comprehensive review article on neglect per se found in the previous literature. Compares legal with social work views of neglect, noting that both are affected by societal values. However, social work sees it as an extreme value on a continuum, whereas legally it is seen as more of a discrete entity. Lists the elements commonly found in neglect laws nationally. There is no doubt that the quantity of neglect officially so designated qualifies this as a serious social problem. Even so, only a small part of that which occurs comes to court attention. The poor child and the illegitimate child are more likely to be taken to court. Children placed today in foster care are far more likely than in previous years to come from neglect situations rather than be "dependent children."

Among parents who are neglectful or in danger of becoming neglectful are those overwhelmed by external pressures and those unaware of community standards of care. There are also those with severe defects in ego development. Many aspects of the social worker's training--e.g., permissiveness, acceptance, explorations of client's own deprivations --are inappropriate to the task of working with client with ego defects who may require limits and use of authority. Describes some situations in which neglect is likely to occur, and which call for possible preventative action. Argues for prevention of drift in foster care, and for placement of children soon where possible. A thorough, perceptive review foreseeing many issues coming to the fore a decade later. N. A. Polansky

Pavenstedt, E., Ed. 1967. The Drifters: Children of Disorganized Lower-Class Families. Boston: Little, Brown.

Pavenstedt, a child psychiatrist, headed a clinic with multiple services attached in one of the poorest neighborhoods in Boston. Clinic was under auspices of local medical school; staffed by multidisciplinary team. In the course of seeking out and offering services to the most dilapidated families in the area, much information was obtained relevant to medical problems among children and their parents (mothers, especially), physical and emotional. Book consists of series of chapters written by various team members following a rather short introductory statement by the modest director, and editor of the volume. With respect to child neglect, the most relevant is probably the writing of

Bandler with regard to family functioning from a "psychosocial perspective." Gives dynamics found in these families, and some gleanings from experiences in attempting casework with them.

This group is very realistic with respect to limited goals able to be achieved in bringing about change. Have also made the important point that the group under study is not all "working class" poor families. Elsewhere, describe them as "very low-lower class" families. Point of view is largely but not slavishly psychoanalytic. Long regarded as one of the most knowledgeable and long-lived teams at work on this array of concerns in this country. N. A. Polansky

Polansky, N. A., Borgman, R. D., and De Saix, C. 1972. Roots of Futility. San Francisco: Jossey-Bass, Inc.

Reports the results of seven years of work in one area of Southern Appalachia. Original intent was to prevent need for institutional placement of children from study area. Preliminary scouting indicated most such children had first suffered severe deprivation and neglect. Although most such youngsters come out of poverty, it was not felt that need for money required further research. Instead, effort focused on the families found hardest to reach and to help. These contained mothers with the apathy futility syndrome.

A series of studies was conducted to scout the problem, and then to seek ways of operationally defining "neglect." An experience survey was conducted, structured via the Critical Incident Technique to find significant items. These were then incorporated into a scale for measuring the Childhood Level of Living, a reasonably objective device by which differences in level of care, at the lowest economic level, could be discriminated. The question was: What differentiates the mother whose care falls below the median, among the rural poor, from the others? This was studied with a sample of 52 mother-child pairs recruited from a year-round Headstart Program in one county.

"It is a gross oversimplification to regard child neglect solely, or even primarily, in economic terms, although it is certainly associated with poverty. In studying the role of maternal character in child neglect, we are led to evidence of pervasive infantilism; and in a primitive core we uncover the sense of futility." By studying sequellae in the children, as well as mother's own history, they "trace the outlines of intergenerational cycles of deprivation and futility which underlie the familiar cycle of poverty." Also, posit a cycle of infantilism, underlying both. The book also reports

a couple of spinoff studies on such theoretical issues as: social class differences related to felt powerlessness; further evidence of the centrality of verbal accessibility in the mothers' personalities; the process of infantalization.

The general conclusion of the book is that the apathy-futility syndrome reflects a pervasive, deep-seated, and early damage in the maternal personality which is very difficult to reverse in adult life. Seen as a defense against even deeper infantile depression and anxiety, the pattern yet resists change. One form of resistance is its contagiousness to the person trying to treat it. Mothers with this pattern tend to pass it on to their children, at least at the age observed (i.e., three and four). It may reappear in early adolescence as violence rather than withdrawal. Diagnostically, the findings using improved methodology and theoretical refinements do confirm Young's.

Treatment suggestions are somewhat radical, since the ordinary rural county has neither the personnel or resources to treat this character problem. The book was likely to anger those whose orientation is primarily economic, and who view these cases as instances of victimization by "the system," since it looks for differences within the poorest group. It has angered them, since the problems to which it points do not allow of easy, financial solutions. Its findings, however, are strikingly similar to those of serious workers in urban areas, as well (see Sullivan, et al.). One of the few books generally on the subject of neglect. N. A. Polansky

Polansky, N. A., De Saix, C., and Sharlin, S. A. 1972. Child Neglect: Understanding and Reaching the Parent. New York: Child Welfare League of America.

This is a small book (95 pages) for a particular audience. It is aimed at the front-line child welfare or protective services worker, especially in a rural county, who may be confronted with child neglect, who has had no graduate social work education and little specific training for the task. The book offers a summary statement on the community's attitude about neglect, followed by some principles in psychodiagnosis. The point is made that most neglectful mothers fall into the range labeled "infantile personality." Five types of neglectful mothers are identified: the apathetic-futile; the impulse ridden; the mentally retarded; the mother in a reactive depression; and the psychotic (including the borderline personality organization). In each instance, typical etiologies, sequellae in children and suggestions for treatment are offered. The final chapter

offers guides to treatment including: making initial contact; critical decisions; use of authority; fostering dependency; and working toward improving verbal accessibility. N. A. Polansky

Polansky, N. A., and Polansky, N. F. 1968. The current status of child abuse and child neglect in this country--1968 Report to the Joint Commission on the Mental Health of Children, Washington, D. C., University of Georgia. Typescript.

The twofold aims of this report were to summarize what was currently known about child abuse and child neglect and to derive recommendations for action. The focus was on the parents, the rationale being that the phenomena of child abuse and child neglect are best understood in terms of the parents, especially the mothers.

The abusive parent was generally described as one who has a drive to destroy his child. He shows the following characteristics: immature personality; no remorse at his behavior; refusal to seek or allow outside help; repetitiveness in his abuse; and having been neglected or abused in his own childhood. The first concern in handling is protection of the child.

The lack of knowledge and lack of statistics in the area of child neglect was astonishing. Problems in identification of neglect were discussed. Neglectful families are very similar to "multiproblem families" and as resistant to improvement.

The authors conclude that in neglectful families there is a progressively primitive level of personality development and style of life. Due to the stubbornness of the problem, the authors recommend that in-patient treatment be considered the treatment of choice even though it is usually unavailable now. C. Hally

Rodham, H. 1973. Children under the law. Harvard Educational Review, 43:487-514.

Discusses the changing status of children under the law. A legal right is interpreted as "an enforceable claim to the possession of property or authority, as to the enjoyment of privileges or immunities," whereas moral principles and political demands are not formally recognized by law and are in fact needs and interests, but not legal rights. Usually law reflects the social consensus that children's best interests are synonymous with their parents' except in extreme cases where the state is authorized to intervene in

the family situation under the doctrine of parens patriae. Little thought has been given to substantive and procedural rights of children as individuals or as a special interest group. Currently law reform is shifting toward helping children in two ways: (1) by extending to children rights legally granted to adults; and (2) by recognizing the unique needs and interests of children as legally enforceable rights. Conflict in establishing rights of children lies in our value on the doctrine of parens patriae versus our value on the importance of the nuclear family.

Recent benchmark decisions affecting children are: In re Gault, 1967, and In re Winship, 1970, which gave to children procedural rights in the juvenile courts. Brown vs. Board of Education, 1954, determined that segregated education was detrimental to the rights of children and emphasized the importance of education for children; negatively, Jefferson vs. Hackney, 1972, and San Antonio Schools vs. Rodriguez declared a lower standard of welfare benefits to AFDC recipients than to other eligible persons; and in a similar repressive vein, Wisconsin vs. Yoder, 1972, ruled that compulsory school was illegal for religious reasons of the parents not necessarily of the children.

Rodham delineates three areas of strategy for obtaining legal status for children: (1) abolish the legal status of infancy or minority and reverse the presumption of incompetence; (2) all procedural rights granted to adults should also be granted to children; and (3) the presumption of identity of interests between parents and their children should be rejected whenever the child has interests demonstably independent of those of his parents. C. Hally

Schorr, A. 1974. Children and Decent People. New York: Basic Books.

A fine, cogent book that examines the various systems of care to children--financial support, health care, foster care, day care, institutional care, legal care--available in the U.S. today. The contributors evaluate the quality of services in their various fields of expertise and frequently propose new ways of looking at services to children. Focus is on children in need. Our national services to children have not been logically developed to provide the best services to them, but rather have independently developed to meet whatever need has been severe enough to merit legislation and/or community recognition. The book primarily addresses itself to: what are the parts of the systems of services to children, who receives quality care and why; what factors determine the course of action in planning for children in this country;

and lastly, how can it be that children are abused, neglected, starved and exploited in a nation of wealth and we do no better for them and feel so little guilt. C. Hally

Taylor, R. G. 1973. Sweatshops in the Sun: Child Labor on the Farm. Boston: Beacon Press.

A thorough investigation of child labor in agriculture. In 1970 one-fourth of the farm wage workers in the U.S. were under 16 years of age. It is estimated that at least 800,000 children work on farms; these are overwhelmingly the children of migrant workers. The migrant child labor scene in the 1970s is reminiscent of the sweatshop scene in the 1930s. Though figures on farm accidents are incomplete due to inadequate reporting systems, the National Safety Council states that farm employment is the third most dangerous occupation in the U.S. A 13-state study of 789 tractor fatalities found 12% of those killed were between 5 and 14 years old, too young to be legally driving or working around such machinery. Other farming machinery also contributes to serious or fatal injuries, likewise pesticide fatalities of youngsters. The health of migrant children is appalling. In one study the children seen were all shorter and weighed less than they should for their chronological ages. The caloric intake of these children was one-half the recommended allowance. Hunger, malnutrition, and disease are rampant among these children.

Many cultural myths contribute to keeping the children "down on the farm," such as labor is virtue, farms are fresh and clean, migrant children deserve no better, etc. The problems of farm child labor are intermeshed with the problems of migrant farm workers, the small farmer, and the entire "agribusiness" sector of the economy, but that gives the suffering child little consolation. Mr. Taylor offers no answers but graphically presents the problem. C. Hally

Young, L. 1964. Wednesday's Children. New York: McGraw-Hill.

The purpose of Leontine Young's seminal study of child neglect and child abuse was to trace the profiles of neglectful and abusive families in order to learn: (1) What they are like and how they live; (2) Whether there are different degrees of child neglect and child abuse; and (3) Whether neglectful parents differ from abusive.

In the first study, families were selected from a large Eastern metropolitan area with a diversity of racial and cultural groups. Selection was from the active case files of two public, suburban child welfare agencies; one private urban

agency, for a total of one hundred twenty cases. In the second study, 180 families were selected from seven different localities across the country--urban, suburban, and rural. The schedule of the second study was detailed (84 items); the items were phrased to be answered true or false. Information was taken entirely from case records originally opened because someone had reported the parents neglectful or abusive.

In the second study the 180 families were divided into four groups. For severe neglect the criterion was consistent inadequate feeding; for moderate neglect the criteria were lack of cleanliness, lack of adequate clothing, or failure to provide medical care. The classification was severe abuse when either or both parents beat the children violently and consistently so that results of the beatings were visible. Moderate abuse was when parents beat their children only intermittently, when they were drunk or under some stress, and the beatings tended to be less violent. When a family both neglected and abused a child they were classified as abusive. Out of the 180 family records analyzed, 34.15% belonged to the severe neglect group, 18.46% to the moderate neglect group, 24% to the severely abusive group, and 20% to the less abusive group.

Young found that among the severely neglectful--100% failed to keep their children clean, 95% failed to secure medical care for their children, 98% dressed their children inadequately, 65% left their children alone for hours, 29% abandoned their children for days and only 19% had defined family responsibilities and carried them out with any consistency. The moderately neglecting parents were very similar in behavior but to a less pervasive degree; they were also more able to express positive feelings and to indicate concern for their children. Nearly all of the neglecting families fit into the multiproblem family classification: low socioeconomic level, lack of education, poor housing, unemployment, alcoholism, mental illness, and large numbers of children. Psychologically most of the neglectful parents were themselves very child-like. Their dependence, inability to carry continuing responsibility, distorted judgment, impulsive behavior, lack of inner controls, and excessive narcissim are all characteristic of small children. These people themselves had never developed into mature adults so that they were consequently incapable of parenting. There was a high correlation of poverty with neglect, and the life histories of nearly all neglecting parents were frighteningly similar to the lives they were offering their children.

Neither group requests outside help for themselves or their families, but unlike abusive parents, neglectful parents were usually amenable to help if it did not make demands on

them. Also, neglectful parents were seldom abusive to their children except for an occasional impulsive outburst. The behavior of the children of neglectful families was much more frequently withdrawn than aggressive. Apathy and depression seemed pervasive.

Considering the child-like qualities of the neglectful parents, removal of the children from the home is frequently the treatment of choice. When working with the parents, however, one must bear in mind their own dependency needs and poor judgment. The most successful helper is one who acts as a kind, non-punitive, but firm parent to the parents of the neglected.

For the abusing parent there is perverse fascination with punishment as an entity in itself, divorced from discipline and from rage. With abusing parents, punishment is neither a response to a temporary stress nor a temporary aberration in discipline. "Rather it is deliberate, not impulsive; consistent not transient; tortuous in expression, not direct and instantaneous."

Types of abuse were physical torture (70% of severely abusing parents), beatings, destruction of loved pets, abusive language and verbal expressions of hostility (80% of severely abusing families), denying children normal childhood activities, and isolating the children from the larger society. Types of injuries inflicted were bruises, contusions, black eyes, lost teeth, broken bones, internal injuries, concussions and skull fractures with brain hemorrhage and brain damage.

Family situations varied. In some families one child would be selected as scapegoat and all family members would be encouraged to torture him; in others, all the children in the family were abused. In some families both parents were abusive and in others, only one. In all abusive families there was an aggressor-victim motif, and this was usually between the parents as well as the children. In no case did the passive parent initiate any attempt to protect the children. Sometimes the passive parent was also a victim of the abuser.

Young considers organicity a possible cause of abusiveness. Such parents are cold, calculating, rigid and suspicious of all outsiders. They never ask for help, never form relationships, never show any emotion or concern for their children, nor seem able to perceive how the child feels. They are concerned primarily with destruction and power. The extent of pathology in these families is more extreme than in neglecting families. Less abusive parents follow the same patterns as the severely abusing parents, but at lesser intensity and frequencies. Treatment in the severely abusing group always involves removal of the children from the home. Therapy should

be grounded in the worker's belief that the children must be protected; an experienced worker who is not afraid of his/her own power is necessary. Abusive parents respond to power, but cannot form therapeutic relationships. C. Hally

PREVENTION

Darity, W. A. and Turner, C. A. 1974. Research findings related to sterilization: attitudes of black Americans. (Digest) American Journal of Orthopsychiatry, 44:184-85.

"Large numbers of black view all forms of birth control provided by whites as a form of genocide" (p. 184). Cites results of three studies of attitudes of black Americans. In 1969-70 a random sample from Hartford, Connecticut of 160 households was taken. Ninety percent of respondents rejected sterilization as an acceptable means of birth control, 79% even if they had all the children they wanted. "17% felt this was a white plot to eliminate black Americans" (p. 185). Evidently, 83% did not think so! This pilot study was repeated with 1890 subjects in Philadelphia and Charlotte, N.C. Many figures about who rejected it, over and under age 30, and male vs. female are given. Results show somewhat more rejection of it in principle in Philadelphia (about 50%) than in Charlotte (around 38%, est'd). When asked about using it, oneself, resistance is much greater, but greater among males than females, for example in Philadelphia, 85% males vs. 60% females; Charlotte, 76% males vs. 70% females. However, in both Charlotte and Philadelphia 93% agreed birth control should be taught in junior high schools, and over 85% favored public financed birth control clinics. In one sampling group, 3.6% of Philadelphia and 2.6% of Charlotte had used sterilization, and 4.8% in Philadelphia and 4.5% in Charlotte had had abortions to limit family size.

The authors conclude that sterilization is a highly unacceptable method among blacks. Probably is equally so among comparable whites. "It may be viewed by many blacks as not only a means of social control but of genocide as well" (p. 185). Omits the positive attitude about birth control in general, the substantial proportion who would actually use sterilization, themselves, the lack of comparable data among whites, etc. N. A. Polansky

Harrington, M. 1962. The Other America. New York: MacMillan.

The poor are caught in a vicious cycle; they live in a culture of poverty. The family structure of the poor is different from that of the rest of the society. There are more homes without a father; there is less marriage, more early pregnancy; and markedly different attitude toward sex. As a result,

hundreds of thousands of children in the other America never know stability and "normal" affection. K. van Wormer

Haselkorn, F. 1966. Mothers-at-risk: the role of social work in prevention of morbidity in infants of socially disadvantaged mothers. Garden City, N.Y.: Adelphi U. School of Social Work.

Abstract of a book review in December 1967 Child Welfare, pp. 593-549 by Helen M. Wallace. The book represents the proceedings of an institute held at Adelphi University School of Social Work to learn more about biological, sociological, and psychological factors associated with prematurity and infant morbidity among high-risk mothers, and to stimulate new approaches toward prevention of these occurrences.

The report deals with defining high-risk mothers, the inseparability of health factors in these mothers from their social situation--poverty, housing, education etc.--and new programs aimed at comprehensive care to high-risk mothers and their infants.

High-risk mothers are defined as those who are of low income, unmarried, have unwanted pregnancies or unwanted children, have little or no care, are teenage, or have poor medical histories and prognoses. The inadequate public health care these mothers receive is described.

The report concludes that better community planning is needed to encompass the health, social, economic, housing, and educational needs of this highly disadvantaged portion of our population. A successful approach has been the Maternity and Infant Care Projects administered nationally by the U.S. Children's Bureau. C. Hally

Kreech, F. 1973. Adoption outreach. Child Welfare, 52: 669-675.

Ms. Kreech is Executive Director of a very famous agency, formerly active entirely in adoption, but now called Louise Wise Services. Report deals with program alterations necessitated by fact that we no longer get so many babies freed for adoption under "essentially normal" circumstances. "Fewer children are now surrendered for adoption, but this does not mean they are all taken home by their parents" (p. 670). Many are left "in limbo" in long-term, indecisive foster care, a form of societal neglect. If parents are unable to reach a decision, agency should take legal action to free baby. "Because of the present troubled times, many

agencies are experiencing an increase in referrals of babies born with withdrawal symptoms, and of abused and neglected children . . . many of the children now being referred are older . . . every effort should be made to assist parents with their own life problems and to work toward reestablishment of their families. . . . However, there are cases in which parents have suffered such severe deprivation . . . that this goal cannot be achieved . . . and we should work toward permanent placement" (p. 671). Also, single-parent adoptions, and trans-racial adoptions are acceptable, but less desirable than our traditional policy. Should reach out for black families wanting children, or able to adopt if given subsidies.

"Agencies must therefore reach out in helping unmarried parents; they must reach out in freeing for adoption those children whose parents will never be able to plan for them and who benefit by a permanent family . . ." (p. 672). In short, adoption is seen as a line of preventive action to child neglect and/or abuse. N. A. Polansky

Levitan, S. 1966. Alternative income support programs. In H. Miller, ed., Poverty--American Style.

Expenditures under AFDC account for .3% of national income. A number of countries spend ten times this percentage of their national income for family allowances. The most promising means of reducing future poverty is to help the poor control the size of their families. Primary emphasis should be to reduce the number of unwanted children. The National Academy of Sciences concluded that the poor have more children than the affluent because the poor "do not have the information or the resources to plan their families effectively according to their own desires" (p. 283). Found that 17% of white couples and 31% of non-white couples had unwanted children in 1960. Among couples with the least education, and thus likely to be also poor, the comparative percentages were 32% for white couples and 43% for non-white couples. The few dollars expended per case on birth control saves the government support of an AFDC child for years to come.

The next priority should be an increased allocation to helping poor children. The child from an impoverished home is likely to become a school dropout, an unemployable person, and a perpetual relief recipient when he grows into adulthood.

Other recommendations concern improvements in housing and work relief. K. van Wormer

National Academy of Sciences. 1966. Reduce the flow of unwanted babies. In H. Miller, ed., Poverty--American Style.

Ten to 12% of American couples in the childbearing years do not try to limit births to the number of children actually desired. Nearly 20% of all couples with impaired fertility try to limit family size, but fail because of insufficient motivation or ineffectiveness of the method of contraception. Moreover, the burden of excess fertility falls in overwhelming disproportion on the underprivileged, especially the uneducated. The highest proportion of couples who never employ birth control, or who have children beyond the number they intend, is found among non-whites who live in the rural South or who have a rural southern background. The available evidence indicates that low-income families do not want more children than do families with higher incomes, but they have more because they do not have the information or the resources to plan their families effectively according to their own desires.

In the opinion of many psychologists, deformation of character and personality in children, culminating, for example, in juvenile delinquency, often results from a feeling of having been rejected by their parents. Parental attitudes and behavior that produce this feeling of rejection are much more likely when children are born as a result of unintended pregnancies.

A large proportion of all illegitimate children are progeny of teenage mothers (41% by women 19 years or younger). To reduce the number of such children born to teenage mothers, high school education in family planning is essential.
K. Van Wormer

Podell, L. 1973. Family planning by mothers on welfare. Bulletin of the New York Academy of Medicine 49:931-937.

Reports that part of a survey of mothers on welfare in New York City having to do with their views on family size, use and knowledge of contraception, and their fertility. Used sample stratified with respect to AFDC, Temporary ADC, General Assistance support. 58% of these women had become initially pregnant by age 19; 56% of those aged 30 and over had five or more children. In general, whites had fewer children than blacks or Puerto Ricans. Fecundity was despite professed attitudes: 6 in 10 said they wanted two children or less (25% said, retrospectively they'd have had none!). A substantial majority knew about birth control

resources, but only 40% of those married and able to bear were practicing it. (Whites on assistance were least likely to be using it, in this sample.) 60% of those separated had had additional children since separation. N. A. Polansky

Wight, Byron. 1969. The control of child-environment interaction: a conceptual approach to accident occurrence. Pediatrics, 44:799-805.

Seventy-seven cases were selected to determine whether descriptions of the infants and their home environments would differentiate among different types of accident situations. In all accident groups (open field, fall, dropped, unusual, struck), there were many discernible failures by the mother to exercise control over the child--environment interaction prior to the accident. The reactions of mothers to the accident revealed differences between the groups: the struck and unusual case mothers both showed long delays in seeking medical help after the accident; open field accident mothers seemed overly sensitive to the possibility of injury and came for help immediately. The open field accident cases were older, highly motoric and more negative in mood. The passive accident babies appeared easier to manage, had more moderate activity levels, positive mood ratings, and less deviation in behavior patterns. Babies in the struck and unusual group appeared quite bland, as did their mothers. Work with many of these families suggests that direct attempts to alter interpersonal conflicts which increase risk to the child may have little success. It may be possible to have a great effect, however, by improving social and environmental conditions which, in turn, affect the adequacy of child supervision. R. DeLay

IDENTIFICATION

Bleiberg, N. 1965. The neglected child. New York Journal of Medicine, 65:1880-86.

Study was done in N.Y.C. in 1963. It blurs the terms abuse and neglect, stating that they need definition, but attempting none. A simple questionnaire was sent to 200 physicians in the 88 child health stations in N.Y.C. These stations served 36% of all newborn infants in N.Y.C. and about 200,000 children under 6 each year. Only 18 cases were reported during a one-year period! These were neglect and abuse cases. The infants were reported mostly for malnutrition, failure to thrive, and palor, while the preschool children tended to have lesions, bruises or unattended illnesses. Interestingly, the two cases of neglect cited in detail involved a retarded, overwhelmed mother like those described in Sheridan's research (father was alcoholic and epileptic). Limited study.
J. Lewis.

Boehm, B. 1964. The community; and the social agency define neglect. Child Welfare, 43:453-64.

A two part study done in the Minneapolis-St. Paul area on community and social work conceptions of child neglect. The first part was a questionnaire given to referral professionals. The second part was an analysis of 183 referrals to a County Welfare Department. The community questionnaire showed opinions to be weighted against forced protection unless there was physical abuse of the child. The second part of the study showed child neglect and SES to be correlated. The author then discussed the implications of their findings. The lack of community support for forced protection on account of physical abuse, conflicts with social work values. Boehm concludes by defining the cause of the child neglect syndrome not as a problem of the family but as a reaction of the family to environmental stresses.

Borgman, R. D. 1969. Intelligence and maternal inadequacy. Child Welfare, 48:301-304.

With the aim of understanding the problems of inadequate mothers, this study explores the relationship between intelligence and inadequate parenting. Borgman cites Sheridan's previous findings (see Sheridan abstracts) of considerable incidence of mental retardation among neglectful mothers. In this study 50 welfare mothers from deprived socioeconomic background in the Western Piedmont region of North Carolina comprise the population. They had all been given intelligence

tests (WAIS) by the local welfare dept. during the 4 years prior to this publication. Thirty-four had been referred for evaluations to determine their ability to care for their children or to determine eligibility for sterilization. The other 16 were referred to determine potential for employment or training. Results of this study "suggest that in regard to intellectual ability, there are 2 sorts of mothers who give inadequate care to their children. For mothers with IQs below 50, limitations of mental ability seem to play an important part in their failure to provide adequate care" (p. 303). "For mothers with IQs above 60, there appears to be little difference in mental ability between those reported for inadequate child care practices and other mothers from a similar background of social and economic deprivation. Although 'mild and borderline' mental retardation may contribute to the inadequacy of these mothers in caring for children, there must be other conditions that are equally or more important" (p. 303). "Moderate mental retardation (IQ below 60) was found to be much more prevalent among inadequate mothers" (p. 304). Such mental limitations may prevent these mothers from acquiring the skills necessary to raise their children adequately. These mothers are thought likely to need protective services on a continuing basis.

Findings suggest that the usual goals of education and training for these mothers may be unrealistic. They need continued financial security plus casework services "to reach or maintain an adequate level of child care" (p. 304).

This study agrees with Sheridan's findings. It does deal with a small population in a narrow geographical area, but seems to contain valuable findings which should be replicated. J. Lewis

Cary, A. C. and Reveal, M. I. 1967. Prevention and detection of emotional disturbances in preschool children. American Journal of Orthopsychiatry, 37:719-724.

A 10-session tandem program of a once-a-week nursery school and mother-group-guidance provides opportunity for prevention and case findings. Simultaneous work with mother and child allows for modification of certain developmental lags and ego defects which are not responsive to the single experience of nursery school or parent education.

Geismar, L., and La Sorte, M. 1964. Understanding the Multi-Problem Family: A Conceptual Analysis and Exploration in Early Identification. New York: Association Press.

1. Delineating the problem. American social work community has been increasingly concerned with multiproblem families. Book draws data from a number of studies in New Haven and Minnesota.

Term, multiproblem family, originated with the 1948 St. Paul study. In the present work, the term is used to denote a family with disorganized social functioning of an order that adversely affects relationships inside the family; relationships outside the family group; performance of tasks as those concerned with health and with economic and household practices, designed to maintain the family as a physical unit.

2. Toward conceptual clarification. Since the 1930s it has become commonplace for writers of textbooks on social disorganization to treat the problem of the family as an integral part of the larger social process. Most authors agree that divorce, delinquency, etc. do not constitute social disorganization, per se, but are merely symptoms of this process. Functional analysis permits a study of stability versus disorganization in terms of the roles of family members.

Freudian thinking stressed psychological factors as causing problem behavior. Park and Burgess stressed the city area. During the fifties the "culture of poverty" concept caught on.

3. Problems of identification and measurement. St. Paul study indicates problem families came to the attention of agencies shortly after marriage. Areas of poor functioning fit univocal scale; if household practices are bad, care and training of children tend to be bad, too. (See also Polansky, Borgman and de Saix.)

4. Stable and disorganized families. Early identification of family disorganization is seen as a primary goal in the total research effort. Families studied (N = 75) were in a project in New Haven, 1942. Forty percent of the sample were Negro. Families were interviewed from one to three hours. After each family was judged on each family functioning scale, it was assigned an over-all score. The profiles are presented, one of a multiproblem family, one of an adjusted one.

5. Background factors associated with family disorganization. Marital relationships of the couples' parents were looked at. Problem families experienced significantly less family solidarity, measured by such variables as "husband's parents separated," and the same for wife. Parents of the problem-family respondents had marriages that were not too different from the marital experiences of their offspring. Degree of unity in the husband's parental home showed a strong relationship to social disorganization in the family of procreation. Desired family size of all the families was two children and in only five cases did the wife say she wanted none. Stable families put greater stress on the value of children in marriage.

6. Perspectives for social research and action. Poverty provides the breeding ground for multi-problem behavior as it does for crime and juvenile delinquency. Research evidence has accumulated in the social work literature which shows that the rendering of social casework services as part of an assistance program results in significantly more client change than the receipt of assistance without service. K. Van Wormer

Geismar, L. L. 1973. 555 Families: A Social-Psychological Study of Young Families in Transition. New Brunswick, N.J.: Transaction

Geismar has been conducting program of preventative work with families and this book reports what seems to be the untreated or "control" families. Study of a group of 555 young couples in Newark, N.J., who have just had their first child, how they adjust to the new demands made on them. High proportion are black, and also lower income as compared with suburbia.

Provides evidence obtained by a series of three interviews conducted with a reasonably representative group of families. From the standpoint of child neglect, the main issue is the focus on family functioning, and Geismar's by now familiar attempts to measure it. Black families, on the average, score lower on family functioning even with SES held constant. Contrary to stereotypes, the young urban family is a fairly well-functioning entity. "Even Class 6 Black families, probably the most disadvantaged group in the sample, functioned substantially above the marginal level" (p. 115). (Further emphasizes the atypicality of the neglectful family, in the poorest groups!) The intergenerational continuity, not only in social status but also in family functioning was clearly demonstrated through a comparison of the young family units with their respective families of origin (see Chapter 7). Book has numerous bibliographical references, etc. Provides some useful baseline data, too, for what to expect of normal families moving through the strain of parenthood. Also, discusses family spacing--who does and who does not use birth control. N. A. Polansky

Giovannoni, J. 1971. Parental mistreatment: perpetrators and victims. Journal of Marriage and the Family, 33:649-58.

Parental mistreatment of children is a form of familial violence. There are two forms--abusive acts, as acts of commission, and neglectful acts, as acts of omission. Neglect represents the failure to perform parental duties, including those of supervision, nurturance and protection. The distinction is perhaps academic--both can lead to death. Young (1964) successfully differentiated the two types of parents.

Unpublished study by Billingsley and Giovannini, 1969, added a third group, parents not known to have mistreated their children. Samples drawn from two welfare deparments. There were 103 abusive cases. These were more likely to have higher incomes and education than the 153 neglectful cases. In relation to social disorganization, no differences were noted between these two groups. In general, abuse tends to be less clearly related to SES than does neglect and more associated with psychological difficulties.

The concept neglect was defined with poor children in mind. At the first White House Conference on Children and Youth in 1909, the pronouncement was made: "Except in unusual circumstances, the home should not be broken for reasons of poverty, but only for considerations of inefficiency or immorality." That in effect, was initiation of the concept of neglect. It was not until 1933 that the government took any action through a public assistance program to maintain the poor children in their own homes. Poor families are neglected by society. Should separate mistreatment of parents from familial violence. K. Van Wormer

Hansen, D., and Hill, R. 1964. Families under stress. In H. Christensen, ed., Handbook of Marriage and the Family. Chicago: Rand McNally, pp. 782-816.

Social workers in America and England have long used the terms "problem," "hard core," and "multi-problem" to refer to families that are prone to crisis or to frequent conflict with the community. Early social workers thought problem families were caused by poverty and saw economic resources as all important. Eventually, attention shifted to psychological factors, and problem families were seen, not as victims of the class structure, but as aggregates of neurotic or psychotic individuals. Only recently has attention begun to swing to more socially oriented analyses.

When studying problem families it is hard to decide if the "problem" is the family's or the community's. Recent researchers, Poral and Caplan (1960), Faldamus and Timms (1955) and Geismar and his associates (1959, 1962) employ sociological frameworks. Geismar suggested (in a personal communication) that a major problem in research on multi-problem families is that studies compare stable and disorganized families and omit completely the dynamic aspect of the processes leading from one status to another.

Family crisis was one of the first areas to which pioneer sociologists gave attention. With the work of Burgess, a distinct conceptual approach emerged which saw the family

as "a unity of interacting personalities." Emphasis put on roles. Personality is rarely taken into account. However, the framework is quite well developed conceptually to analyze many aspects of interpersonal stress from dating conflicts to divorce. Both personality and community must be brought into theory and research if family stress is to be understood.

Another framework in sociology, structural-functional analysis has tried to explain family problems. What happens in any one system--society, culture, or personality, they claim--affects all the others.

Stresses affect families in part in terms of how they define the situation. Disaster research suggests that the actual situation may be less important in determining behavior than the imagined situation. Stress causes change in role patterns: expectations shift, and the family is forced to work out different patterns. Sociological research on families under stress is defined here in terms of a family crisis which may be from without--economic disaster, war, natural disaster; or from within--divorce, death, remarriage, illness. Sociological research offers the most systematic investigation of the rearrangement of roles and other aspects of family organization that enable a family to cope with crises and to survive. K. Van Wormer

Henderson, R. 1972. Environmental predictors of academic performance of disadvantaged Mexican-American children. Journal of Consulting and Clinical Psychology, 38:297.

Investigated whether relationships between environment and intelligence are stable over time. The 1st-grade home environments of 35 Mexican-American children were measured by an interview schedule and rating scales. At the end of 3rd grade, Ss were given the California Reading Test. Significant correlations were obtained between the 2 variables.

Isaacs, S. 1972. Neglect, cruelty, and battering. British Medical Journal, 3:224-26.

Short article describes the author's thoughts and attitudes about child neglect and abuse, rather than any research effort. Mentions "a contrast between parental attention to clothes and cleanliness in the child and inattention to its failure to gain weight." This she attributes to the unstable parent who is "unduly reliant on external proof that all is well." Would agree with Sheridan when she points out that some workers believe the "erroneous view that parental mental deficiency is an important cause of child abuse." J. Lewis

Koel, B. S. 1969. Failure to thrive and fatal injury as a continuum. American Journal of the Disadvantaged Child, 118:565-568.

A brief article succinctly summarizing theories of causation of failure to thrive, and offering three case histories grimly illustrating that failure to thrive infants may be at risk of serious injury or violent death in the ensuing months. Koel sees failure to thrive on a continuum with abuse and fatal injury, a point not made in other research. A very good article. C. Hally

Light, R. L. 1973. Abused and neglected children in America: a study of alternative policies. Harvard Educational Review, 43:556-98.

Precise data on the prevalence and incidence of abuse are extremely hard to come by, because of ambiguities in definition in various states and lack of reporting until recently. Disparate estimates of incidence of abuse come from the differing methods employed by David Gill. Author attempts to arrive at an estimate which would be reasonably accurate. To arrive at this, erects a model, more or less in the style of economics, based on some known data in a few places and "reasonable assumptions" from other information. Using this logic, arrives at estimates as widely apart as "0.004 of all American families abuse a child" to an upper-bound estimate of "0.01 of all American families." Light's methods must be regarded as still tentative and only more or less plausible. Article also contains information of interest with respect to figures on neglect and abuse, showing that statistics depend heavily on state laws and enforcement of reporting systems. Thus, there are variations in calculated rates of abuse as wide as 9.6 per 100,000 in New York versus 1.5 in adjoining New Jersey. A provocative but still inconclusive analysis. N. A. Polansky

Maginnis, E., Pivchik, E., and Smith, N. 1967. A social worker looks at failure to thrive. Child Welfare, 46: 335-38.

Failure to thrive is a syndrome of infancy and early childhood characterized by growth failure, malnutrition, and retardation of motor and social development. In 1964 a retrospective chart review was made of 151 children admitted to Children's Hospital Medical Center (Boston) with a diagnosis of failure to thrive. Of these, 50 had no primary organic illness and were consequently the study subjects. Chart reviews, contacts with other involved agencies, and interviews with the families were the sources of information.

The findings were as follows: 1) 42 of the 50 children were under age 2, the average being 12.5 months; 2) 38 were the youngest child in the family, born within 12-17 months of the previous sibling; 3) the parents' views of these children had an aura of detachment; 4) 30 of the mothers reported being depressed after the birth of the failure to thrive child; and 33 were able to verbalize that they had not wanted the child at all; 5) a large majority of the families recalled one or several stressful events coinciding with the birth and early infancy of the child, such as severe marital discord, loss of job, etc.; 6) the average age of the parents was 26 years for the mother and 29 years for the father with the largest concentration in the 20 to 25 year age group; 7) 42 families were intact at the time of hospital admission although several admitted marital disturbances; almost half of the parents were raised in intact families; 8) 42 of the families were self-supporting, with 25 living on incomes of $3,000-$5,000; the remaining earned over $5,000; with 6 families earning over $10,000 per year; 9) the families were stable; 13 families had not moved at all for five years, and 25 had moved only once in that time; 10) the families were not socially isolated, with 26 families describing active participation in religious or social activities; 11) motivation for social work help was low with only 3 mothers asking directly for help in the followup interviews.

The findings indicate that failure to thrive is not found mostly in low socioeconomic groups, but indicate that feelings and attitudes of the parents within the family units have a primary bearing on the child's capacity to thrive. C. Hally

Mulford, R. M., Cohen, M. I., and Philbrick, E. 1967. Psycosocial Characteristics of Neglecting Parents: Implications for Treatment. Denver: The American Humane Association (Pamphlet), pp. 1-28.

The Massachusetts SPCC undertook a study for one year and three months (1965-66) on the heads of households in all of its cases where three or more interviews were held. This resulted in data for 1,401 heads of 959 families. The procedure used was a "Client Psychosocial Characteristics" form filled out by case-workers as they closed a case. Twenty-five items were selected each with subdivisions on which to rate the clients.

The demographic findings were as follows: 1) 64% of the families had two parents, with 36% being one-parent families; the average number of children per family was 3.4; 2) 80% of the heads of families were 25 years of age or older; 3) 92% of the families were white; 4) 65% attended school up to eight years with 28% graduating from high school; 5) the median total family income was $75.00 a week with 30% of the group receiving some public

assistance; 6) there was high residential mobility for this group, and 41% were judged to live in inadequate housing; 7) only 18% participated in an adult-centered activity, 11% participated in a club-centered activity; 8) 78% interacted regularly with relatives. The psychological findings were: 1) the study group functioned poorly in parental and other roles; 2) 70% had poor social problem-solving skills; 3) 62% were destructive or isolative in interpersonal relation; 4) over 50% ascribed to and held middle-class social and personal values and goals; 5) there was a feeling of, and significant degree of, failure; 6) anxiety was pervasive; and 7) the group for the most part was emotionally unstable--either highly labile, exaggerated, or unexpressive.

Neglect is never defined by these authors and the fact that 54% of the parents were characterized as adequate caretakers and 53% provided adequate physical care for their children, leads one to assume that this study does not define neglect as most do and that they probably mean abuse more than neglect. Several treatment implications are given, the most important being that treatment plans must meet individual needs.

Mrs. Philbrick, the discussant, seems in accord with S. R. Zalba and S. Wasserman on the importance of understanding the dynamics of the parents' behavior and with that understanding embarking on a kindly but authoritative casework relationship. C. Hally

Pavenstedt, E. 1971. The meanings of motherhood in a deprived environment. In E. Pavenstedt and V. Bernard, eds., Crises of Family Disorganization: Programs to Soften Their Impact on Children. New York: Behavioral Publications, pp. 59-74.

This chapter describes a program the author was involved in in 1966-67 in greater Boston area, a huge low income housing project. A comprehensive physical and mental health care program was organized with a particular interest in "primary prevention, through introducing and fostering child-rearing modalities that will contribute to normal development toward maturity, and thereby help prepare the next generation of adults to assume an active role in their families and their communities" (p. 60). The author states her impressions after interviewing numerous mothers. She concludes that placement of a child is probably a poor alternative, even poorer than allowing the child to remain in a chaotic home environment with inadequate parenting. "Mental retardation is present in the largest group of families that give us constant concern. Psychosis of a parent or the mental breakdown of a grandparent during the parent's childhood is the next most

frequent finding. Another recurrent event is the history of orphanage or foster home placement of the mother early in life. It is precisely this finding that has led one to question our reliance on placement away from home as a treatment measure. Most of the mothers who were placed during their childhood are extremely fragile; they have little energy to cope with their family or are chronically depressed or both" (p. 66). When placement occurs "both parents and children experience it as being dispossessed of their rights by an authoritarian society. They see their mothers totally shorn of power to protect them, and their feelings of powerlessness and worthlessness are intensified" (p. 66). The goal at Columbia Point then is to establish programs that complement child-rearing at home. A training program for residents called "Family Change Agents" will be instituted. This and other treatment aspects of the program were just being developed when this paper was written. Presumably more work of this type has been continued at Columbia Point.

This paper presents some ideas worth noting but it is purely a descriptive paper with no specific research findings.
J. Lewis

Robertson, J. 1962. Mothering as an influence on early development. Psychoanalytic Study of the Child, 17:245-64.

This is Robertson's classic paper, drawn from observations at the Hampstead Child-Therapy Clinic, where Anna Freud and Dorothy Burlingham did much of their work. Observations come from a well-baby clinic. Observed 25 infant-mother pairs during first months of life. Of these, five babies showed poor development in "bodily tonus, muscular development, responsiveness both to the mother and to wider environment, ability to communicate, expression of feeling" (p. 248).

Some of the mothers made a normal appearance in social situations, but were deficient in mothering. Illustrates with case examples, demonstrating relationship of this form of deficiency to pathology in the infant. "In each of the instances described, the mother was conscientious and concerned. The object tie was, at the manifest level intact, but its quality was in question. The babies showed a heightened perception--a special quality of looking, as though taking over part of the mother's proper role as protector. This activity of looking took precedence over doing or responding" (p. 256).

Gives "criteria for assessing mothering." These are relevant to the "adaptive period," during the first month. "The outcome of the adaptive period is successful when, on balance, the mother: 1) feels and expresses pleasure not only in owning her baby but in the activities of mothering; 2) is aware of her baby's

affective states and able to respond to them; 3) uses the heightened anxiety which is normal during this period in the service of her baby. (Lack of anxiety at this time may be an ominous sign"; (p. 259).

When the mother is still not fulfilling these criteria by the end of the second month, there may be one or more of four possible reasons: a prolonged postnatal state that will pass; current stress in mother's life; neurotic response to this particular child; a feature in mother's basic personality which will show itself in relation also to other children.

Pays much attention to mother's responsiveness to change in the baby, and acquisition of skills. "In brief: 1) new movements, initiated by the baby or elicited by the mother, are perfected with her support and encouragement; 2) because the acquisition of new skills is part of his play with his mother, he gets special pleasure and satisfaction from them; 3) the skills are directed outward, and become at first part of his communication with his mother and then via her to the environment" (p. 263).

". . . she keeps a balance between adequate stimulation and potentially overwhelming new experiences, giving and withdrawing support as necessary." She does note that a child will adapt to almost anything, but will pay a price for inadequate mothering.

A germinal, classical paper on early mothering especially in the cognitive/emotional sphere. N. A. Polansky

Smith, A., Flick, G. L., Ferriss, G., Selim, A., and Adolph, H. 1972. Prediction of developmental outcome at seven years from prenatal, perinatal, and postnatal events. Child Development, 43:495-507.

Reports 7-year followup data on 133 male and 168 female low socioeconomic class Negro children whose mothers were first seen in an obstetrics clinic. The study provided for the systematic observation, measurement and recording of data relating (A) mother's background and medical history; (B) obstetrical procedures; (C) pediatric-neurological evaluations at birth, nursery age, and 1 year; (D) psychological evaluations at 8 mo., 4 years, and 7 years; and (E) a neurological examination at age 7. Results suggest that long-range prediction of ability performance using information from pre-, peri-, and postnatal developmental periods was feasible. It was also found that the use of sequential prediction stages, not only allowed for more accurate classification of Ss as normal or abnormal, but also indicated some

optimal interval of time beyond which increments in predictive accuracy were negligible. While the predictor variables were listed for inspection, no attempt was made to interpret which variables were good or poor predictors.

Stone, F. H. 1971. Psychological aspects of early mother-infant relationships. British Medical Journal, Oct. 23, 1971, 224-26.

This is a concise, information paper by a British physician about the importance of the early mother-infant relationship. "There are many problems in the mother-baby relationship which do not involve psychiatric abnormality in the parent, nor organic disease or disability in the child. The causes are to be found in the life situation of mother and baby. They are common, stressful, potentially harmful, and often amenable to first-aid psychotherapy" (p. 226). Needs of infant and mother at this time are discussed, along with some common disorders in mother-infant relationships. These disorders are grouped in two sections--those caused by the child (hyperactivity, lack of responsiveness), and those caused by the parent (puerperal psychosis, neurotic disorder). Close cooperation between parents and hospital staff is encouraged. It is noted that "Recent studies of child abuse have revealed how frequently in a week or so beforehand the family doctor had been consulted by a desperate mother" (p. 225). J. Lewis

Swanson, D., Bratrude, A., and Brown, E. 1972. Alcohol abuse in a population of Indian children. Diseases in the Nervous System, 7:4-6.

The situation, problems, and prospects of children from 100 families of alcoholics were studied. The data were obtained from the Cracow District Court of Law and from professional mental health workers. In the 100 families of alcoholics, 65% of the children were sick and should have undergone thorough medical examination and systematic treatment. Neuroses were found in 31% of the children. In 85% of the families studied, children were starved. In 18% of the cases, children were raised in outrageous conditions. Immediate action had to be taken, and the children were placed in tutelary institutions. In 23% of the cases, the only way for rehabilitation was to place the children under the care of social workers. Most of the children tended to be school dropouts, because 49% repeated the class once, 25% lagged 2 years behind, and 9%, 3 years. The most drastic 23 case histories are presented. The children were starved, maltreated, beaten, forced to lead a promiscuous life, could not learn, sometimes ran away from home, or became alcoholic. The alcoholic parents lose control over their actions, demoralize and destroy their own children. The

situation is worsened by poor housing conditions. Children from underprivileged social strata suffer most. R. DeLay

Wedge, P. and Prosser, H. 1973. Born to Fail. London, England: Arrow Books, Ltd. for the National Children's Bureau.

This small booklet (64 pp. including illustrations) reports highlights from the second major followup in the National Child Development Study. They are following the cohort of all children born in England, Scotland and Wales in the week March 3-9, 1958. First followup was at age 7 (see R. Davie, From Birth to Seven). This one was at age 11, done in 1969. Sample involves 10,504 children on whom complete data were available. Is said to be representative of the total group, but the "worst" cases are more likely to have been lost. Basic comparison is between disadvantaged and ordinary children. Disadvantaged are defined as in a large and/or one-parent family, of low income and poorly housed--6% of the total in all Britain; one in ten in Scotland. "Ordinary children" meant none of the three characteristics was true--64% of all British children.

Differences against disadvantaged began with less antenatal care, lower birth weight, and less post-natal clinic follow-up, inoculations, etc. They go on to lack of privacy--one in 22 both shares, and wets the bed. They average shorter in height at age 11, have more hearing and speech problems, illness, etc. However, many of these differences are based on very low incidences, which would make predictability difficult (e.g., bed-wetting ratios were 1:22 versus 1:250 among the ordinary children).

Differences in family SES (background) back to great-grandparents were shown. Disadvantaged children have parents who read less, of course, and are less likely to visit their schools, etc. Yet, in England, their schools are no worse than others, the teacher-pupil ratios are actually better, but their achievement is already falling behind. Disadvantage is pervasive and cumulative. The chief recommendations are for redistribution of material resources to these children, and social services. The call is for a change in national priorities, away from "more pie for all" to"better distribution of the pie." N. A. Polansky

Whitten, C., Pettit, M. and Fishnoff, J. 1969. Evidence that growth failure from maternal deprivation is secondary to undereating. Journal of American Medical Association, 209:1675-82.

Test the assumption that growth failure in the "maternal deprivation syndrome" is due to psychological factors. In their study, 11 of 13 maternally deprived infants gained weight at an accelerated rate when fed adequately while living in a home environment which simulated their own depriving home environment. Two who failed to gain had low food (caloric) intake. In a control period of high level mothering following the simulated deprivation, the same infants continued to gain, while the two who had not gained remained anorexic. A background history of all these infants revealed that the two anorexic infants had been force-fed earlier in their homes. Also, 7 out of 7 maternally deprived infants gained rapidly in their own homes when fed an adequate diet by the mother in the presence of an observer during a period when it was unlikely that the overall maternal care of the infant improved. These authors question other failure to thrive studies for assuming the adequacy of caloric intakes during the period when unfavorable emotional forces were operative.

The authors raise the following points: 1) Perhaps the infants in this study have an inherent subnormal growth potential; many of them have birth weights below average; 2) Perhaps the period of inadequate nutrition accompanying maternal deprivation so impairs the infants' growth capacity it might be lower than their genetic capacity; 3) Many studies fail to distinguish between "inadequate" and "distorted" mothering and whether they have the same effects on the infants; 4) The fact that some mothers deprive one infant while adequately mothering others indicates that the significance of the mother-child relationship cannot be ignored; 5) More extensive direct home observation in assessing mother-infant relationships and feed patterns is important.

Implications from this study are: 1) Weight gain among these infants may be due to an improved diet rather than improved maternal care, 2) It is probable that there are some maternally deprived infants who go undetected because their weight and height are above the third percentile, and 3) Only part of the apathy noted in maternally deprived infants may stem from understimulation; simple starvation may also be a factor.
C. Hally

ETIOLOGY

Ackerman, Nathan. 1958. The Psychodynamics of Family Life. New York: Basic Books.

A woman's destructiveness regarding the child may be a response to other factors in the environment or stem from a psychological disorder. Because of its clinical importance, maternal rejection and its relation to nutrition merit particular consideration. Generally, the feeling of rejection is not conscious. Women in our society are highly confused about their roles as mothers. "They tend too often to envy the male, to deny their femininity, and to derogate the time-honored function of mothering." (!) Children become confused when they see their mother "wearing the pants."

Mothers who reject sometimes suffer from guilt and shame. A mother may detach herself emotionally from the child. Responsibilities for child-rearing need to be shared. It is easy to realize the intensity of the temptations of fathers, teachers, doctors and others to ease their own consciences by placing all guilt at the mother's door. Fortunately, the tide has changed. There has been a sharper trend toward examining the father's responsibilities for the disturbance in the child. Disturbances of paternal behavior are likely to be brought about by a number of overlapping factors. The way his own father behaved toward him is one such factor. The father's role in the family has been reduced to a subordinate one. Rather superficial. K. Van Wormer

Aldous, J. 1972. Children's perceptions of adult role assignment: father-absence, class, race and sex influences. Journal of Marriage and the Family, 34:55-65.

Low-income, preschool, white and Negro children from father-absent and father-present homes were interviewed concerning their perceptions of which sex performed certain conventional adult roles. A comparison to middle and lower class preschool, father-present subjects was also made. The subjects being interviewed were asked about roles played by each member of the family in a real and make-believe family. Differences in perceptions of the two groups were not statistically significant when controlled for SES. Results show that subjects are exposed to the role stereotypes outside of the family. In both father-absent and father-present lower-class groups, children did not see their fathers as very active in the

family aside from the conventional, breadwinner status. So it is not father absence itself that affects children's perceptions. Rather, the train of circumstances triggered by father absence, including lesser income, inadequate supervision, and negative male role expectation, present among female household heads influence their children. K. Van Wormer

Barbero, G. J. and Shaheen, E. 1967. Environmental failure to thrive: a clinical view. Journal of Pediatrics, 71: 639.

A clinical syndrome differing from other instances of growth failure by its lack of obvious organic causes. Diagnostic criteria for failure to thrive are discussed as follows: 1) "Weight below third percentile with subsequent weight gain in the presence of appropriate nurturing"; 2. "Developmental retardation with subsequent acceleration of development following appropriate stimulation and feeding"; 3. "No evidence of systemic disease or abnormality nor from laboratory investigation to account for the initial growth failure." Some patients exhibit anorexia, diarrhea or vomiting. In children with "failure to thrive" syndrome these symptoms characteristically improve with hospitalization. 4. "Clinical signs of deprivation which improve with a more nurturing environment," i.e., cradle cap, severe diaper rash, impetiginous skin lesions. 5. "Significant environmental psychosocial disruption." It is suggested that rather than using "diagnostic exploration of family disturbance" as a last resort, which is common, that it be initiated early along with exploration of possible physical illnesses, as a part of the differential diagnosis. Failure to thrive seen as long time antecedent to abuse in some instances.

Author stresses non-judgmental approach with families, involvement of them in child's treatment and involvement of doctor with them, as well as social worker and others. When the child does so well in the hospital, this can be an added threat to the parents unless handled carefully. "In cases of failure to thrive, the authors have found that the degree to which the parents can relate to the physician and other caretakers seems to correlate directly with the potential for ultimate well-being for the child within the home." J. Lewis

Barbero, G. J., Morris, M. G., Redford, M. T. 1963. Mal-identification of mother-baby-father relationships expressed in infant failure to thrive. The Neglected-Battered Child Syndrome. New York: Child Welfare League of America.

Twenty-eight children were admitted to Children's Hospital of Philadelphia in 1961 with a provisional diagnosis of failure to thrive. Upon examination 13 were found to have organic causation, but 15 showed no specific disturbance. After intensive treatment, all 15 survived. New mothers who already have inadequate self-images of their mothering capacities perceive their newborn not as a helpless infant but as a critical judge of their mothering capabilities; feeling so threatened they are then unable to meet the infant's physical and emotional needs. The behavioral patterns of the infants were similar to those of Spitz in work on anaclitic depression. Barbero says, "These infants showed apprehension, sadness, loss of contact, rejection of environment, withdrawal, retardation or regression of physical and personality development, slowness of movements, and apathy. Also they refused to eat, lost weight, were irritable, vomited and had diarrhea."

The mothers manifested four diagnostic signs: 1) An inability to find something of value in her child that she values also in herself; 2) Identifying the baby with unloved traits of the father; 3) Recurrently suggesting some physical defect in the infant when there is none revealed by physical examination; and 4) A continual plea for new and better child care methods.

The authors had good success with treatment, and urge an objective, non-threatening, non-punitive team approach.
C. Hally

Bennett, F. The condition of farm workers, 1968 in L. Ferman, et al., Poverty in America. Ann Arbor: University of Michigan Press, pp. 178-84.

Five doctors toured a six-county area in Mississippi in May, 1967 and returned to shock the nation with reports of malnutrition approaching starvation, disease and disability which could have been remedied with earlier help, and children whose lives have been stunted before they were school age (p. 304). The most neglected children of America are those 50,000 migrant children who are six years old or less (p. 308). Too young to work in the fields (although some are so employed at the age of 5 or 6) they are either left locked up in the shack that serves as home, perhaps in the care of a scarcely older child, or taken in the fields to sleep in trucks or play in the dust under a blazing sun.

The Fair Labor Standards Act provides a 16-year-old minimum age for employment in agriculture during school hours. Yet, the Department of Labor, with limited inspection facilities, found 6,712 children illegally employed in the fields in 1962. K. Van Wormer

Besner, A. 1968. Economic deprivation in family patterns in M. Sussman, ed., Sourcebook on Marriage and the Family. Boston: Houghton Mifflin, Co., 193-200.

The husband plays a minimal role in the low-income home. There is an emotional distance between husbands and wives. The cult of masculine superiority prevails. Isolation may arise from the expectations lower class husbands and wives have of each other (p. 196). The lower class woman defines herself mainly as a mother and seeks gratification in life through this function (p. 197). The passive role of the father in the home seems to strengthen the dependence of children on the mother.

These characteristics of lower class family life seem to be intensified in the female-headed household. K. Van Wormer

Bonem, G. and Reno, P. 1968. By bread alone and little bread. Social Work, 13:5-12.

AFDC payments are known to be inadequate. A study was undertaken in New Mexico to determine the actual level of living among AFDC recipients. Bonem and Reno and associates surveyed AFDC mothers in April 1967 on six family expenditures: food, housing, children, transportation, consumer durables and recreation. In these 33 interviews the authors also attempted to identify expenditures on 150 specific items besides the general categories. AFDC families live a bare existence and cannot attain basic nutrition, housing, transportation, or recreation.

Bullard, D. M., Glaser, H. H., Heagarty, M. C., and Pivchik, E. C. 1967. Failure to thrive in the 'neglected' child. American Journal of Orthopsychiatry, 37:680-690.

Failure to thrive, a syndrome of infancy and early childhood, is characterized by growth failure, signs of severe malnutrition, and variable degrees of developmental retardation. At Boston Children's Hospital Medical Center, two out of three of the 151 children studied from 1958-1965 showed organic disease. Investigations of the one-third without organic causation became concerned with social or psychological causes. Two major difficulties in establishing a social diagnosis were: 1) inadequate and conflicting data-gathering by physicians and responsible agencies; and 2) absence of clearcut criteria for assessment of the severity of the disorder, the role of social and environmental factors, and prediction of outcome. While in some cases gross parental neglect was obvious, in others, assessing the social and psychological dysfunction was complex, frustrating, and subtle. Aspects of maternal care which go beyond the physical, and involve the quality of the mothering process and the nature of the mother-child relationship were implicated. Understanding maternal and/or parental

pathology has advanced understanding of the syndrome. On followup, 35 per cent of the 50 cases did not show sequellae. The cases in which the syndrome was reversed were the more stable family situations.

The terms parental neglect and maternal deprivation need further refinement to make them useful in studying the mechanisms of failure to thrive. Particularly, the concept maternal deprivation needs to be elaborated to take into account reversibility, exact developmental stages and infant needs at each stage, and the relationship between physical and emotional nutriments in infancy. Future avenues of investigation should include direct and systematic observation of mother-child feeding and nonfeeding interaction patterns in relation to nutritional intake, and closer observation and evaluation of child and parents in the home setting. C. Hally

Chilton, R. 1972. Family disruption, delinquent conduct and the effect of subclassification. American Sociological Review, 37:93-99.

Data obtained were from the juvenile courts of Florida to relate delinquency referral to family disruption. Children charged with delinquency live in disrupted families more often than children in the general population. (The family situations of over 5,000 children were examined.) The relationship found is less marked for whites than for blacks. By "disrupted" family is meant an incomplete family. K. Van Wormer

Davie, R., Butler, N., and Goldstein, H. 1972. From Birth to Seven. London: Longman.

One of a series of books reporting studies of the 1958 cohort (i.e., all the children born in Great Britain during the week March 3-9, 1958). There were nearly 16,000 children in the cohort; and nearly all were able to be traced and followed up by medical and other personnel wherever they were living in Britain at the time the child was about seven. Due to the marvelous cooperation of local authorities and of the parents involved, only 84 cases were lost because of parental refusal to cooperate. Initial reports dealt with factors predictive of perinatal difficulty, including infant mortality. This report continues with facts about children's later condition. Study includes the types and quantities of services utilized by the children. Since this is mostly free in Britain, usage helps in estimating need for services--although this can be no more than an estimate. Book also deals with factors in family background and perinatal

occurrences predictive of later condition--from oral ability in school to various aspects of physical condition, including death. Hence, this contributes substantially to the literature relevant to "early warning signals" and assessment of consequences of neglect and poverty, at least up to age seven. Because of very large sample and need to use measurements made by persons not in the research group, many of the measurements are necessarily gross, with unknown consistency. However, this is one of a series of studies unique in Western society and probably in the world. N. A. Polansky

Densen-Gerber, J., Hochstedler, R., and Weiner, M. 1973. Pregnancy in the addict. Unpublished--mimeographed. New York: Odyssey House.

Explores the behaviors and attitudes of the female addict pregnant and postpartum at Odyssey House, well known in-resident psychiatric therapeutic community for treatment of drug abusers. The Odyssey House program, where mother and child live together within the therapeutic community, allows for 24 hour observation of a wide range of antisocial personality characteristics over an extended period of time.

Findings show that the female addict does not have a deep relationship with the father of the child, but rather views men as weak, cowardly and ineffectual. Birth control has not been practiced and the pregnancy is a vehicle whereby the female addict meets narcissistic needs and tries in a primitive manner to establish her self-worth and identity as a female. In the early months of the pregnancy there is a symbiotic oneness with the fetus but in later months of pregnancy as the fetus is more obviously a separate entity, the ambivalence and hostility toward it become apparent and this attitude becomes pervasive. In most cases the pregnant female addict does not opt for abortion, and on the rare occasion when she does, the loss of the ambivalently connected object gives rise to guilt and a strong desire to make amends by becoming pregnant again. Finally the addict mother is not able to cope with the dependency needs of the child in relation to her own unmet dependency needs, and very importantly fails to secure for the child a milieu where satisfactory ego development can take place.

Although the authors are successful in rehabilitation of addicts, they question whether psychotherapy and related treatment can break through maternal ambivalence and intervene in the repetitive process of transmitting antisocial attitudes from parent to child. They suggest that good mothering may not be a learned process but rather a product of one's experience in early infancy depending on whether or not the individual was adequately mothered.

The authors state the need for society to address iteslf to the problem of the addict mother and baby and note that the temporary loss of freedom for the pregnant addict must be balanced out not only against her need for treatment, but against the lifetime interest of the human being-to-be. C. Hally

Dynes, R., et al. 1964. Social Problems: Dissensus and Deviations in an Industrial Society. New York: Oxford University, pp. 88-121.

To understand the urban-industrial family it is necessary to look first at its historical roots. Many of the present features of the family represented a practical adjustment to a way of life that no longer exists. One of the outstanding characteristics of the early American family was its ability to thrive as a self-contained economic unit. The fact that occupational roles merged with family life in rural America meant that family members were fused together in a closely knit working team. The agricultural family was a patriarchal-authoritarian one.

An expanding industrialism along with continual social change imposed a new set of demands and brought about fundamental changes which affected the family. Mass-produced products decreased the need for an extended family with parents, brothers, and others in the same household. When work shifted from the home to the factory the family began to shed many of its other functions--educational, religious, recreational, and protective. With the decline of farming, the economic usefulness of children diminished sharply. The demands of job mobility alone have had a powerful influence on the traditional American family structure. Labor-saving machines have facilitated women's work; however, standards of cleanliness have risen. Couples today make much greater demands on each other and seek in a marriage partner all of the friendship and security that stable primary groups once provided.

A woman today plays several roles--the wife and mother role, the companion role, the partner role. The fact that these roles overlap is a source of conflict in modern families. Research shows that women tend to emphasize role privileges while men would prefer them to stress marital role obligations. One of the contemporary problems associated with changes in the American family is divorce. K. Van Wormer

Etaugh, C. 1974. Effects of maternal employment on children: a review of recent research. Merrill-Palmer Quarterly 20:71-98.

Comprehensive and up-to-date review of the several studies that have been done thus far throwing light on effects of

maternal employment on her offspring. Working mothers are a numerous group, and growing more numerous all the time. This includes mother in intact families as well as those without husbands.

In general, the research does not support the simple generalization that the mother's working is deleterious to her children. Instead, it leads to the conclusion that the pattern that seems best to fit the mother's needs, working or not working is also best for her young children. Not studied, however, seems to be the question whether this variable may not be, based much more on mother's character and life-history than on current state of employment or nonemployment. An alternative reading would be that well-adjusted mothers produce happier children, but degree of maternal adjustment cannot be predicated simply from her employment or nonemployment. N. A. Polansky

Evans, S. L.; Reinhart, J. B.; and Succop, R. A. 1972. Failure to thrive--a study of 45 children and their families, 1. American Academy of Child Psychiatry Journal, 2:440-457.

Study involves 45 children admitted to Children's Hospital in Pittsburgh May to Dec. 1969. Criteria for inclusion were that they: 1) fall below third percentile in weight; 2) fall below or within third percentile in height; 3) show no demonstrable physical cause for growth failure. Five of these children were excluded from the study at follow-up after developing organic difficulties which might have explained original growth failure.

After review and involvement with all families they were categorized into three groups. However, many similarities were first noted. All children were reported by their mothers to be unplanned or unwanted. All were bottle fed and had history of feeding problems in first two months of life. Those under six months were described by hospital staff as irritable, and difficult to hold or cuddle, with rare smiles and vocalizing. Those 6-12 months were noted to be quiet, placid babies with little "stranger anxiety." Those over 12 months presented difficult "management problems. They socialized poorly and showed marked aggressive and angry behavior, especially toward their parents." Although 18 were rural and 27 were urban families, none had support from families of origin or strong ties with the local community. Both parents were seen as very lonely, with little support of recreational outlets. Fathers were present in 27 of 40 families, but none gave adequate support or fathering. "All 40 families were struggling with economic and financial loss."

Fourteen families were in Group I. These families had fewer children, better health, better housing, etc. Four characteristics were striking among these 14 mothers: 1) extremely

depressed; 2) verbalized fears of child's death or retardation; 3) made efforts to feed and cuddle their babies, but their actions were observed to be strained, constricted, unsure; 4) within 4 months of baby's hospitalization, all had experienced an object loss and traced breakdown of mothering to the time of loss. On follow-up (9 months to 3 years), there was improvement in all areas of functioning, including achievement of developmental milestones by children.

Group II families (15) had similarities to Group I but many more crises and problems of long standing, larger families and poorer living standards. Characteristics of these women were similar to those of Group I, except symptoms were more severe and more chronic. Needed help with getting realistic needs met. Not much improvement was noted with these families unless a drastic change in family functioning, or involvement of new parent figure occurred.

Group III families (11) presented quite a different picture. Although socioeconomic status was equal to most of Group I, the mothers exhibited severely disturbed behavior, were extremely hostile to their children and to hospital staffs. They denied problems, but blamed the "bad child" for everything. Evidence of abuse was also found in this group. Foster placement was a priority for these children. This is a good comprehensive paper, which agrees with Sheridan's. J. Lewis

Geismar, L. and La Sorte, M. 1963. Factors associated with family disorganization. Marriage and Family Living pp. 479-81.

Family functioning was measured by rated role performance of family members on a seven point continuum ranging from a level of functioning considered inadequate to functioning defined as adequate. Welfare of family members and degree of harmony or conflict between family and community were considered here.

The sample was of 75 families chosen from a low-income project in New Haven, Connecticut. Forty per cent were Negro, 5-10%, Puerto Rican. Families were selected from both ends of the continuum of family functioning for comparison purposes. The disorganized families were characterized by more premarital conflict and a more unrealistic set of expectations about marriage. There was less planning for children and also less interest in them in such families. K. Van Wormer

Giovannoni, J. M. and Billingsley, A. 1970. Child neglect among the poor: a study of parental adequacy in families of three ethnic groups. Child Welfare, 49:196-204.

One hundred eighty-six low-income, black, Caucasian, and Spanish-speaking mothers were interviewed in-depth once about their past and current life situations to learn more about what makes a parent neglectful when income is kept constant. Mothers within each ethnic group were prejudged from past case histories as adequate, potentially neglectful, and neglectful.

Findings showed that social and familial backgrounds did not significantly differentiate neglectful mothers. However, the current life situation of the neglectful mother was considerably more stressful than that of the adequate mother. The neglectful mother was more likely to have had more children, to be without a husband, to have had recent marital problems, to have even less money and less material resources (watches, telephones) for caring for children. Neglectful mothers were more isolated within the community than the adequate, and a less supportive relationship with kin.

Concerning child rearing, the primary differentiation between the neglectful and adequate mothers was in the acceptance of, and meeting the needs of very young children. Ethnic variations noted within the study underscore the importance of learning about families in their ethnic context. This study concludes that factors that differentiate neglectful mothers from their socioeconomic peers are more severe current life conditions rather than familial or social background. Treatment implication would seem to be more manipulation of the environment of the neglectful, providing some of the minimal necessities for them to become more adequate. A clear, substantial study. Its interpretation contrasts with those of Polansky, et al., and Young. C. Hally

Hollingshead, A. 1964. Class differences in family stability. In S. N. Eisenstadt, ed., Comparative Social Problems. New York: The Free Press, pp. 265-270.

Lower-class families exhibit the highest prevalence of instability of any in the status structure (p. 269). The problem of economic insecurity does not account for amoral behavior that ranges from the flagrant violation of conventional sex mores to open rebellion against formal agencies of social control (p. 270). K. Van Wormer

Jeffers, C. 1967. Living Poor. Ann Arbor, Mich.: Ann Arbor Publishers.

Reports a fifteen-month experience by the author of living in a low-income housing project to provide her an opportunity for participant observation of what life is like for residents. Experience took place in Washington, D.C., and appears to have run concurrently with author's other work as a poverty researcher.

Residents were poor, black, and nearly all were women rearing children without husbands. Major themes have to do with hardships of their lives, and womanful efforts made to cope with limited money, loneliness, the problems common to all fairly young parents, and the unique stresses of project pathologies. Major emphasis is given to the author's feeling that while the observed behaviors and attitudes may seem strange or symptomatic to the middle-class outsider, they are functional and rational for the person in the project situation of poverty, danger, loneliness and deprivation.

An important finding was that the author had, actually, little difficulty in gaining acceptance into intimate relationships in the study setting without dissembling, nor making an effort to conceal her education, vocabulary, or other life experiences atypical of the group studied.

Like much ethnographic material, the product is very rich, covers many topics, and the data are impressionistic and their representativeness uncertain. A source of hypotheses rather than conclusions. Introduction is by Hylan Lewis.
N. A. Polansky

Kogelschatz, J. L., Adams, P. L., and Tucker, D. M. Family styles of fatherless households. American Academy of Child Psychiatry Journal, 11:365-83.

One hundred five children were drawn from in- and out-patient clinics of Univ. of Fla. Children's Mental Health Unit. They were divided into two groups: (1) The "transitional" fatherless child--those without father for two years or less; (2) The "hard-core" fatherless child--absence of adult male in home for more than two years. Fifty-three children from intact, fathered families were included, 15 of these being from "historically fatherless" families (an intact family with a history of fatherlessness).

Differing lifestyles of households are described. Conclusion is that "Fatherlessness is not a crucial modifier of either a household or an individual's psyche."--"Emotional impairments which weigh upon fatherless homes largely reflect the mother's adjustment difficulties in a neglectful, if not openly hostile,

social world. Therefore, fatherlessness, per se, cannot be abstracted out of age, sex, class, and subcultural values."

Relevant to extended family--"The most frequent additional adult in the fatherless family, particularly in the hard core family, was the maternal grandmother." The grandmother's assumption of child care responsibilities frequently caused more problems than it solved. "A conflict situation often arose between the mother and grandmother. In several families this intervention compounded the mother's emotional crisis and often led her to withdrawal from the mothering role." J. Lewis

Komarovsky, M. 1969. Blue collar marriage. In Jack Roach, et al., Social Stratification in the United States. New Jersey: Prentice-Hall, Inc., pp. 195-200.

"Chronic quarreling marked by episodes of physical assault, child neglect, and bitter feelings characterizes family relations" (p. 200). For child rearing at this level there is no plan or rationale other than an inconsistent attempt to keep the children under minimal control. Erratic discipline. K. Van Wormer

Kromrower, G. M. 1964. Failure to thrive. British Medical Journal, Nov. 28, 1964, pp. 1377-1380.

By failure to thrive Kromrower means the inability of an infant to attain standard weight and height for a normal child of his age. Considered present when one or both these measurements is below the third percentile in the first two years of life.

Five reasons are given for failure to thrive: 1) Food is either incorrect or badly prepared; it is the right food but insufficient; 2) Food cannot be taken properly; 3) It is correct food but cannot be absorbed satisfactorily; 4) It is absorbed properly, but cannot be metabolized; or 5) It can be metabolized but conditions for optimal utilization are not present. Within these five general categories the author lists physiological problems, and takes for more detailed discussion galactosaemia, phonylketonuria, diabetes, and hypothyroidism. Of all the physical anomolies possible, the major reasons for failure to thrive are mismanagement and low-grade intestinal and respiratory infections. Elimination of bad housing and closer coordination with the local public health nurses would reduce these conditions. C. Hally

Lakin, M. 1957. Personal factors in mothers of excessively crying (colicky) infants. Society for Research in Child Development, 22:7-48.

Explanations of colic in early infancy fall into three major categories: 1) Physiological immaturity; 2) Environmental factors, such as overfeeding or underfeeding: and 3) Psychogenic factors. Study attempts to ascertain whether psychogenic factors in mothers are associated with the occurrence of colic in early infancy. Forty white mothers with similar SES and educational backgrounds were the subjects--20 mothers of excessively crying, colicky infants, and 20 mothers of normal, well-adjusted infants as determined by their pediatricians. The colicky infants resembled the non-colicky infants with respect to pregnancy, delivery, birth-weight, feeding schedules, types of feeding, etc.

Mothers underwent interviews, projective tests, attitude scaling, etc. Findings are as follows: 1) Mothers of colicky infants experienced poorer parent-child relationships than control mothers; these mothers were more competitive with their own mothers and had greater emotional distance from their own parents; 2) Mothers of colicky infants have greater intrapersonal conflict over role acceptance than did control mothers. Heightened ambivalence toward their role and some conflict over vocational frustration appeared in the mothers of the colicky babies. 3) Mothers of colicky infants appear to have a poorer self-concept with respect to role function. 4) Mothers of colicky infants have poorer marital adjustments. These mothers did appear to have poorer marital adjustments with less support from husbands and conflict about accepting support. 5) Mothers of colicky infants are less "motherly" than the control mothers. These mothers seemed to experience greater tentativeness, insecurity, and lack of facility in their mothering than did the control mothers.

Factors presumed to be associated with the incidence of colic on the basis of constitutional and gross environmental factors were not significant. However, reader would note that perhaps the colic has more than one source and that although all of these infants had a substantial birth weight (7+ lbs.) and were full term at birth, this does not eliminate possible constitutional factors. C. Hally

Le Masters, E. E. 1968. Parenthood as crisis. In M. Sussman, ed., Sourcebook in Marriage and the Family. Boston: Houghton Mifflin Co.

Drawing on interviews with couples, Le Masters shows how the introduction of a third person into the dyadic relationship produces a crisis. Forty-eight couples were interviewed informally. Subjects had to be married, 25-30 years of age,

middle class, having one or more children. Eighty-three per cent reported crises in adjusting to the first child, although almost all children had been planned. Almost all rated their marriages as good, ratings confirmed by friends.

Couples appeared to have romanticized parenthood. Reported such problems as loss of sleep; exhaustion; extensive confinement to the home; additional washing; disemployment for the mother. Mothers with professional training and experience suffered extensive or severe crisis in every case. The transition to parenthood destroys the two-person, pair pattern of interaction and forces reorganization into a three person group system. The husband no longer ranks first in claims upon his wife.

Focus on the simplest unit of sociological analysis, a pair is consistent with Simmel's essay on the dyad and triad. K. Van Wormer

Miller, W. B. 1965. Lower-class culture as a generating milieu of gang delinquency. In S. N. Eisenstadt, ed., Comparative Social Problems. New York: The Free Press, pp. 151-159.

The focal concerns of the lower-class culture are with: trouble, toughness, smartness, excitement, fate and autonomy. (Most of these are male values; however the fatalism relates to females too). "Many lower-class individuals feel that their lives are subject to a set of forces over which they have relatively little control" (p. 155). Gambling is very popular. (An excellent depiction of the lower class family's world view is found in the English novel, The Loneliness of the Long Distance Runner.) K. Van Wormer

Morse, C. W., Sahler, O. J., and Friedman, S. B. 1970. A three-year follow-up study of abused and neglected children. American Journal of Diseases of Children, 120: 439-46.

University of Rochester Medical Center. Study begun in 1968. "Twenty-five children from 23 families were studied approximately three years after hospitalization for injuries or illnesses judged to be sequellae of abuse or gross neglect." "Gross neglect was defined as omission on the part of the parent(s) or designated caretaker to take minimal precautions for the proper supervision of the child's health and/or welfare." "During this follow-up period, approximately one-third of the children had again been suspected of being victims of physical abuse or neglect. An assessment of intellectual, emotional, social and motor development disclosed that 70% of the children were judged to be outside the normal range,

though often mental retardation or motor hyperactivity was thought to have preceded the abuse."

At the time of follow-up, only one characteristic seemed to be common to children developing normally--mothers perceived their own relationship with the child to be a good one. Two of these children were thought to be grossly overprotected by their mothers. In contrast, all mothers of children who were grossly disturbed perceived mother-child relationship as poor, and these judgments were substantiated by the authors.

An evaluation was made regarding the type and effectiveness of intervention by community agencies--PHN, homemaker, caseworker. None of these proved overwhelmingly successful, although the PHN was perceived as the most helpful, and the caseworker was usually seen as prying and judgmental. Although a need for more rehabilitative effects is expressed, no specific suggestions are made. An interesting finding was "The reporting of families suspected of abusing their children did not interfere with subsequent medical care."

Study lumps abuse and "gross neglect" together. Agrees to some extent with findings of Elmer and Court (i.e., high incidence of MR among these children, certain children and their families may be especially vulnerable to abuse and neglect, i.e., those in which parent or child had prior major physical, intellectual, or emotional problems). J. Lewis

Parsons, T., and Bales, R. 1955. Family Socialization and Interaction Process. New York: The Free Press.

There is much here about the development of the nuclear family, and the reduction of the importance of extended kinship systems in our society. Spouses "are thrown upon each other, and their ties with members of their own families of orientation, notably parents and adult siblings are correspondingly weakened . . . Neither party has any other adult kin on whom they have a right to 'lean for support.' . . . Parenthood acquires, it may be said, an enhanced significance for the emotional balance of the parents themselves, as well as for the socialization of their children. The two generations are, by virtue of the isolation of the nuclear family, thrown more closely on each other." "The isolation of the nuclear family in a complementary way focuses the responsibility of the mother role more sharply on the one adult woman, to a relatively high degree cutting her off from the help of adult sisters and other kinswomen; furthermore, the fact of the absence of the husband-father from the home premises so much of the time means that she has to take the primary responsibility for the children." So differentiation between parental roles is more

significant in modern America than before. Additional strains on the nuclear family. K. Van Wormer

Piven, F., and Cloward, R. 1971. Regulating the Poor: The Functions of Public Welfare. New York: Pantheon Books.

This book tells how the poor have not gained under the welfare system because the poor have little influence on government. A history of relief is given. A careful study of the AFDC shows that it is designed to encourage low-wage work. K. Van Wormer

Polansky, N. A., et al. 1968. Child neglect in a rural community. Social Casework, 49:467-74.

This is a pilot study conducted by extensively interviewing and performing psychological testing on ten mothers in two rural southern Appalachian counties whose welfare departments expressed concern about the quality of child care they offered their young. Most of the women fit quite well into a syndrome Jergen Reusch labeled "infantile personality," that is, "persons who become fixated at an early pregenital phase of development and fail to progress in some aspects of their personalities." In the study group of women this evidenced in: 1) The women's attachment to, and difficulty in separating from, their own mothers; 2) An early symbiotic attachment to the infant which later becomes an almost sibling relationship in terms of expectations from the children and lack of control of them; 3) A strong tendency to somatize, with chronic medical problems; 4) Low intellectual functions; 5) Intact marriages to partners very like themselves developmentally; 6) Child rearing that includes adequate primary mothering but becomes grossly inadequate as the child becomes more independent and older. Observations contrast with most studies on neglected children in terms of the rural setting, the lack of intrafamilial violence, the intact marital pair, and the presence of an extended family.

Tentative typology of inadequate mothers was offered: 1) Eruptive with shame; 2) Eruptive without shame (range being the underlying dynamic in 1 and 2); 3) Apathetic without thought disorder; and 4) Apathetic with thought disorder (the most difficult to treat). Because these mothers "indicated a massive, early arrest and fixation of personality development" treatment as with other character disorders will be long and arduous. C. Hally

Raab, E., and Selznick, G. 1959. Major Social Problems. Illinois: Row, Person, pp. 255-413.

Chapter on the family explores the meaning of social change in our society and its effects on the family unit. See a close

relation between poverty and social disorganization, with the loss of shared family goals, the lack of integration of the family and its members into community life and the social order, the conflict of values in urban life bearing down the most heavily on the urban poor. The statistics on divorce support the conclusion that lower-income groups suffer more than the middle class does from automization and family disorganization. Two out of every five divorces granted are to couples with children. Most of the childless divorces are such because they occur early in the marriage.

The problem of the family is its diminishing capacity to maintain unity and cohesion among its members. Because of this incapacity, there is a deterioration of the family's ability to act as society's basic mechanism of social control. Rather simplistic and very abstract with few concrete examples. K. Van Wormer

Rainwater, L. 1969. Negro lower-class family life. In Jack Roach, ed., Social Stratification in the United States. Englewood Cliffs, N.J.: Prentice-Hall, 246-253.

"Because of the high degree of conjugal role segregation, both white and Negro lower-class families tend to be matrifocal in comparison to middle-class families . . . In white as well as in Negro lower-class families women tend to look to their female relatives for support and counsel and to treat their husbands as essentially uninterested in the day-to-day problems of family living" (p. 253). K. Van Wormer

Reul, M. 1974. Territorial Boundaries of Rural Poverty: Profiles of Exploitation. Lansing Michigan: Center for Rural Manpower and Public Affairs.

An interesting book that covers all aspects of rural poverty. The author's primary experience has been with migrant workers and although the book is strongest in this area, all ingredients of rural poverty are explored. Descriptions and vignettes of all major rural ethnic groups, American Indians, Appalachian and Southern Whites, Southern Blacks, Spanish-speaking--Puerto Rican and Chicanos, are presented with aim of developing a framework for genuine understanding. More than showing differences, Reul shows the commonalities of culture and behavioral dynamics by applying experiences and episodes to various psychological and sociological theories. Her aim is "to show that people are more alike than different and that social class and culture must be variables in all personal and family analysis because personalities and role expectations are molded by social determinants, especially poverty." Reul illustrates how psychological concepts such as poor self-esteem, double bind, and living by the pleasure

principle, combined with culture conflict and cultural differences make the migrant/rural individual what he is. The author also examines public services offered to the rural poor, and ends with an appeal to the larger society to reassess our national values, and make a higher priority the development of the human potential rather than higher productivity of goods, etc.

Riccards, Michael P. 1971. Children and the politics of trust. Child Study Journal, 1:227-32.

Discusses the extensiveness and the hazards of the trust that children are taught to have in the American political system. Children are taught to hold the American political system and its leaders in unquestionable esteem and trust, and this extends to specific authority figures, e.g., the president, the mayor, and the policeman. The subtle ties of religion to the state increases the legitimacy of the state and reinforces its image of benevolence and trustworthiness. In a content analysis of a sample of the major textbooks used in the United States today, it was found that children were taught that they should be guided by the public interest, obey the rules of the political game, and accept the majority rule. However, a study in a depressed area of Kentucky revealed that political authority was not always viewed as benevolent. Economic deprivation and a sense of political inadequacy made these children more cynical about politics. The extensive emphasis on trust has created 2 alternative, political styles in America, unquestioning obedience to authority or cynicism at the gap between reality and childhood illusions.

Roach, J. and Gursslin, O. R. 1969. An evaluation of the concept 'culture of poverty'. In Jack Roach et al., ed., Social Stratification in the United States. New Jersey: Prentice-Hall, Inc., pp. 202-213.

"Those who use the term 'culture of poverty' usually hold that the poor share distinctive patterns of values, beliefs, and action, and exhibit a style of life which departs significantly from that of the core culture" (p. 203). The author expounds against the notion of a subculture. Empirical findings do not support assumption of unique social psychological characteristics of the poor. They are too isolated to transmit group waves, anyway (!) This contradicts W. Miller and others. K. Van Wormer

Schorr, Alvin. 1968. How the poor are housed. In L. Ferman, et al., Poverty in America. Ann Arbor: University of Michigan Press, pp. 349-68.

A study of women committed to the New Jersey Reformatory for women on charges of child neglect found that nearly 50% "Had been living in housing that could only be described as dangerous and not fit for human habitation . . . Mother after mother described the feeling of discouragement and frustration that came after hours of house-hunting with no success." (From a project sponsored by the New Jersey State Board of Child Welfare, 1957). Despite a national policy that is perhaps, 50 years old, economic need is still an effective force in separating children from their families. Chief among the specific mechanisms that operate in financial need is inability to find adequate housing. K. Van Wormer

Sharlin, S. A., and Polansky, N. A. 1972. The process of infantilization. American Journal of Orthopsychiatry, 42:92-102.

Identifies "an intergenerational cycle of infantilization" as prevalent in child neglect. "In this cycle, the woman's immaturity pervades her mothering and her own children in turn are prone to emerge as childish people." Reports are exploratory study involving 52 primarily lower class mothers and their mildly retarded children seen at clinic in Western North Carolina. David Levy in 1943, listed infantilization as one of the four components of maternal overprotection. "Infantilization refers to actions and communications by which we encourage another to remain, or to become, less competent and self-sufficient than he might otherwise be--to act as if he were a young child, e.g., helpless, fearful, selfish, at the mercy of his impulses." Concept is seen as interpersonal. "The operational definition of 'having been infantilized' was a loss in the IQ greater than average in the sample. Two concurrent measures were found significantly related to IQ decrement: poorer large muscle coordination, and visual clinging to the mother in a task situation."

The formation of self-regarding attitudes through mother-child communications was studied. An infantilization scale consisting of 43 behavioral items was devised and utilized in this study. The study was a follow-up of children seen 12 to 30 months previously. All were between 7 and 12 years old and living at home. Information was obtained from both mothers and children, social work interviews in the home and further testing and interviewing done at the clinic. Scale demonstrates this form of indulgent infantilization can, in principle, be identified. J. Lewis

Sheridan, Mary D. 1959. Neglectful mothers. Lancet, Apr.-Jun. 1959, I pt. 2, 722-25.

A follow-up of Sheridan's study reported 1956. All 100 mothers had now been out of the training program for at least 1.5 years, some up to 7 years. When data were collected from records, probation officers, and questionnaires sent to all probation officers, 75 women were judged to have benefitted from their training in varying degrees, while 24 were judged to have failed. One had died. The 24 failures and 14 considered outstanding successes were studied further. Factors which did not seem to influence success or failure significantly were: mother's IQ, age on admission, premarital conceptions, average number of children. Although numbers were small, urban women had considerably more success than rural women. More concentrated health and welfare facilities; and perhaps larger numbers of helpful neighbors with higher housekeeping and child care standards were suggested as possible reasons. Health of the mother at the end of review period was a highly significant factor. Ninety-two per cent of the highly successful mothers were in good health while only 33% of the mothers considered failures were healthy. The most significant factor of all was a steady, affectionate husband. Unfortunately, little data were gathered on husbands, nor were they seen. They were rated satisfactory or unsatisfactory from information in case records, and from the mothers. Of the 14 highly successful group of mothers, 11 had satisfactory husbands and the remaining 3 were absent. No information was included about husbands' occupations.

The 10 mothers with IQs under 60, and the 8 with IQs over 110 were also studied in further detail (statistical breakdowns for different factors). Mental backwardness was not a bar to rehabilitation provided the woman was stable and had a satisfactory husband. However, when low intelligence was associated with instability, prognisis was very poor. In general, the women with higher intelligence were very unstable and had unsatisfactory husbands. They were the poorest risk for rehabilitation.

Practically all of these women came from large families with unskilled, intermittently employed fathers. Extreme poverty was unusual. Their mothers were overwhelmed and incompetent but held in much affection by the subjects of this study. Many of these women had siblings who were citizens and responsible parents (see also Polansky, et al.). "The factors which render the girl particularly susceptible to breakdown seemed to be poor moral and material standards in early life, unstable personality, low mentality, ignorance, and ill health." J. Lewis

Skeels, H. M. and Dye, H. B. 1939. A study of the effects of differential stimulation on mentally retarded children. Proceedings of American Association on Mental Deficiency, 44:114-36.

The early classic study of Skeels and Dye on the mental development of thirteen youngsters showing retarded development in an orphanage who were then placed in an institution for the mentally retarded. In the new environment, hardly likely to be thought of as enriching, the infants were cared for by adolescent and young adult mentally retarded females. Instead of being part of many infants who necessarily received scanty attention in the orphanage, the infants were suddenly the center of attention in a population of females who readily and eagerly gave the small, dependent babies love and attention. Most of the children after receiving even this distorted brand of mothering, stimulation, and enrichment became adoptable. In follow-up some thirty years later, Skeels found these individuals living normal lives and producing offspring who tested normally. C. Hally

Slater, P. 1970. The Pursuit of Loneliness: American Culture at the Breaking Point. Boston: Beacon Press.

Three human desires are frustrated by American culture: 1) The desire for community--to live in cooperation; 2) The desire for engagement--to come to grips with problems, and 3) The desire for dependence--"the wish to share the responsibility for the control of one's impulses and the direction of one's life." Extended family acted formerly as a refuge from the frenzied competitiveness of our economic system. So did the stable local neighborhood. But these institutions have disappeared, one by one. K. Van Wormer

Smith, S. M., and Hanson, R. 1972. Failure to thrive and anorexia nervosa. Postgrad Medical Journal, 48:382-84.

Hypothesize that failure to thrive and battering of children are on a continuum. Report one case which came to light during study of psychiatric aspects of battering parents. Case was singled out because it illustrated the hypothesis. The authors note three others (Koel, 1969; Bullard, et al. 1967; Barbero and Shaheen, 1967) who also associate failure to thrive with battering.

A 22-year-old mother, IQ 84, was diagnosed anorexia nervosa. She has a son whom she abuses, and later a daughter who dies after being diagnosed as "failure to thrive." The younger child was starved. This case is evidently noted because of the association between anorexia nervosa in the mother and "failure to thrive" in her child.

Parents of battered children often have expectations of the child far beyond its chronological age. If mother's emotional needs are not met through family or husband, the mother may turn to the child for support and be frustrated. J. Lewis

Thomas, W. S. and Znaniecki, F. 1964. Family disorganization. In L. Coser, ed., Sociological Theory: A Book of Readings. New York: Macmillan Co., pp. 588-590.

Selection from The Polish Peasant in Europe and America presents a classic discussion on the modern family and alienation, a forerunner to such works as David Riesman's The Lonely Crowd.

The real cause of all phenomena of family disorganization is to be sought in the influence of new values which they call vanity values, a part of the new individualistic economic organization. "The specific phenomenon of family disorganization consists of a definite modification of those preexisting attitudes under the influence of the new values, resulting in the appearance of new, more or less different attitudes. The older attitudes were "we" attitudes where the individual identified his desires with the family group. The new values are essentially "I" attitudes. The fact that the community has lost its coherence further ensures individual isolation. There may be a conflict in the individual between the new and the old." K. Van Wormer

Tulkin, S. T., and Kagan, J. 1972. Mother-child interaction in the first year of life. Child Development, 43:31-41.

Middle and working class Caucasian mothers observed at home with their first born 10-month-old daughters. Social class differs minimally in areas of physical contact, prohibitions, and non-verbal interactions. In contrast, every verbal behavior observed was more frequent among middle class mothers. It was suggested that working class mothers more frequently believed that their infants were incapable of communicating with other people and hence felt it was futile to attempt to interact with them verbally.

Yarden, P. E. and Suranyi, I. 1968. The early development of institutionalized children of schizophrenic mothers. Diseases of the Nervous System, 29:380-84.

An attempt to evaluate the effect of schizophrenic illness in pregnant mothers on early development of their children. Previous attempts to study this have had a confounding effect--variability of post-natal care and early childhood rearing. Hence, in one study (Sobel's) children of schizophrenic parents

being reared in foster homes were developing normally. This study attempts to overcome that problem. Study is felt to be important because of the "presently rising marriage and fertility rates of schizophrenics." (Cites Erlenmyer-Kimling, L., Rainer, J. D., and Kallman, F. J. Current reproductive trends in schizophrenia. In P. H. Hoch and J. Zubin, eds. Psychopathology of Schizophrenia. New York: Grune & Stratton, pp. 252 ff. 1966). Another possible early-warning signal. Study done at the Women's International Zionist Organization home in Jerusalem. Of 2,000 infants admitted, found: Group A. 44 born to mothers schizophrenic during pregnancy; Group B. 22 born to mothers who suffered post-partum schizophrenic reaction (i.e., not depressed, and not psychotic until post-partum; C. 42 from mothers suffering tbc., chronic respiratory illness or arthritic conditions during pregnancy, and in hospitals for that during pregnancy. Development and behavior of children followed up and assessed until 24 months. Evaluated by detailed pediatric examination. Child regarded as retarded only if so rated both pediatrically and by psychiatric clinic, which made independent evaluation on all children where retardation or deviant behavior was suspected.

Average birth weights of groups A and B lower than C, but not significantly. However, contrary to usual experience, average birth weights of girls was higher in all groups (P .03 by t-test). Average weight gain of Group B higher than Group A up to six months (P .05, t-test)." Some stressful factor may operate during the pregnancy of a woman suffering from schizophrenia which influences the child's development for some time after birth" (p. 383). Note, however, that neither group of children from psychotic mothers differed significantly in weight gain from those whose mothers suffered during the pregnancy with other illnesses.

"A final finding of note was that the children of mothers who were schizophrenic during pregnancy (test group A) were greatly handicapped in their prospects of rehabilitation back to their family. Of the 44 children in this group, only eight could be returned to their families. . . . Moreover, some of the children suffered serious maltreatment and negligence during home leaves. These findings demonstrate the grave social aspect of the reproduction of schizophrenic mothers belonging to low socioeconomic status" (p. 383). Found two syndromes: apathetic withdrawal and severe language deficit. But both rare, and equally distributed among all groups. Findings negative rather than conclusive. N. A. Polansky

TREATMENT

Burdon, A. and Neely, J. 1966. Chronic school failure in boys: A short-term group therapy and educational approach. American Journal of Psychiatry, 122:1211-19.

A five year progress report on a treatment program involving 55 boys and their families. Group psychotherapy sessions were held once a week for 90 minutes, separately for the mothers and fathers. Participation of both parents was a requirement for keeping the disturbed child in the school. The families were Caucasian, blue collar workers. The mothers were noticeably anxious and guilt-ridden and often projected their anxious hostility toward imagined or exaggerated inadequacies of the school and their families.

The fathers blamed everything on the mothers and work with them in therapy was not very successful. The mothers, however, were gradually drawn out of their "initial depressive trend." Attention turned to the mothers' unresolved conflict with their own parents. As mothers worked on their own maturity, patterns in relationships with their sons--infantilization--changed without any direct discussion. Marital problems were also worked on. Follow-up studies were done on the basis of questionnaires sent to school teachers of the boys who were unfamiliar with the program. Surveys of the families showed only a small percentage doing poorly. Ninety percent of the mothers felt they had been helped in their lives in the group therapy sessions. K. Van Wormer

Burt, M. and Balyeat, R. 1974. A new system for improving the care of neglected and abused children. Child Welfare, 53: 167-79.

Description of a public welfare program in Tennessee for the care of neglected and abused children. The program was an outgrowth of faults in the previous system of court intervention which involved such actions as abrupt separation of family and child, overlap of services, and lack of a 24-hour emergency service.

The demonstration program reduced the number of children removed from homes who had to go through the legal system unnecessarily; it allowed for the orderly placement of children appropriate to their needs. There was a 24 hour emergency intake, and emergency caretaker and homemaker services. Data have been collected from 1969 to 1973. The new system is actually no more expensive than the old one due to the saving from institutional care. A fine example of the kind of thing that can be done to alleviate situations in which neglect might follow. K. Van Wormer

District of Columbia Department of Public Welfare. 1965. Toward Social and Economic Independence: The First Three Years of the District of Columbia Training Center. Washington, D.C.: Department of Public Welfare.

Describes an experiment in which the Dept. of Public Welfare took over an apartment house in the District to use as a place to which women and their children might be referred. Aim was to offer a program of training for the women in motherhood and other skills necessary to their roles in life, substituting in a sense for experiences missing in their families of origin. Project constitutes a kind of compromise solution, since it is an outpatient facility, but offers some of the total-life exposure available in the institutional environment. At the time of the reporting, a number of women had been seen, for time periods extending a year and more. Effort appeared promising. However, no formal evaluation was attempted. The plan obviously goes beyond similar maternal retraining programs relying on once-a-week influences.
N. A. Polansky

Emlen, A. C. 1974. Daycare for whom? In A. Schorr, ed., Children and Decent People. New York: Basic Books, pp. 88-113.

A brief factual article on the current state of daycare. Formalized daycare serves less than 10% of the children of working mothers; less than half of 1% of the children from low- and modest-income families are in licensed family day-care arrangements. Formal daycare currently does not meet the needs of most families in which the mother works, because of expense and transportation problems. Moreover, formal licensed daycare is not necessarily of higher quality than unlicensed care. Neglect and abuse do occur but not often; they are not easily reached and remain largely untouched by formal daycare programs.

Daycare has a confused history because it has attempted to solve too many problems (get mothers off AFDC, give disadvantaged children remedial care, provide early childhood education), is too frequently a political issue, and has not yet been properly evaluated in terms of long range effects on the children using it. In the future we should ask, how can we improve and expand the various patterns of child care that families are already finding workable, and what kinds of preventive policies can we develop to cure the social ills that daycare has inappropriately been asked to solve.
C. Hally

Enzer, N. B., and Stackhouse, J. 1966. A child guidance clinic approach to the multiproblem family. Paper presented at National Conference on Social Welfare, June, 1966, pp. 1-33.

How one child guidance clinic in North Carolina makes its comprehensive services of optimal use to multiproblem families. For optimal treatment purposes the multiproblem family is viewed, in addition to its cultural and sociological dimensions, as a family that not only has treatment needs as a unit, but in which individual family members also have weaknesses.

A comprehensive diagnostic study of the primary patient and his family was made since it was a service the clinic was well-equipped to offer and an essential ingredient in treating the family. The plan based on the diagnosis had, in order to be realistic, to take into account what the clinic and other community agencies could realistically offer the family, and what kind of help the family was prepared to enter into and assimilate. The child guidance clinic was equipped to provide skilled psychodiagnostic services but was limited in concrete services (homemakers, big brothers, etc.) and yet other community agencies had concrete services to offer but lacked the diagnostic resources to ascertain how and when their services would be most useful. Theefore, a primary feature of this project was coordination among the involved agencies, with a key person, frequently the primary therapist, also maintaining close contact with the family. Whatever the frame of reference for understanding the multiproblem family, the emotional needs must not be overlooked. Reaching out is essential. It is important to find whatever assets the family has to be utilized for treatment, positive characteristics within the person and family must be built on. Flexibility in formulating treatment plans is a necessity, as is on-going diagnosis. The goals for the patients in this project were not completely personality reorganization, etc., but rather a better adaptation to life and an increased ability to meet and negotiate their problems. Since nearly all studies indicate the neglectful families are multiproblem families the very practical approach to treatment presented in this paper is useful to us. C. Hally

Halliwell. R. 1969. Time limited work with a family at point of being prosecuted for child neglect. Case Conference, 15: 343-48.

A case summary of a British Family Service Unit worker's intervention with a family facing prosecution for child neglect. In a twice weekly interview regime over a period of a year, the worker facilitates the family's moving from disintegration to becoming a responsible, functioning family unit. The worker

operated on the premise that the family, who had received concrete services in the past, needs stimulation rather than to be made increasingly dependent. Rather than offering financial and material help indiscriminately, Halliwell first established a therapeutic relationship with the family which he then used to motivate them. A good illustration of effective casework with a British "multi-problem" family. C. Hally

Jenkins, A. and Norman, E. 1972. Filial deprivation and foster care. New York: Columbia University Press.

In 1966 Jenkins and Norman studied the natural parents of foster children in New York City, and came up with conclusions based on a survey analysis of 427 families. It is the first part of a cohort study over five years. Through the use of various interviewing techniques and sophisticated statistical analysis, they arrive at empirical and policy judgments on foster care. Empirically they find the natural parents to be poor, of minority status, a large number on public assistance, and almost half without fathers. Various reasons are found for the catalytic problem that sent the child into foster care. The concept of filial deprivation is found to be valid among many natural parents. From the previous empirical findings and other more specific ones, the authors come up with the following policy judgments. Because the families gave up their children usually due to problems impinging from the environment, the authors conclude that primary prevention is needed in the form of better housing or improved public assistance. Better secondary prevention could deal with the initiating factor for foster care such as a mentally ill parent. The most important policy judgment is that foster care agencies should deal with the emotional deprivation experienced by the parent after separation from the child. A sophisticated study showing the way for more family-centered study on foster care, rather than concentrating on child-centered research.

Kadushin, A. 1974. Child Welfare Services. New York: Macmillan.

Kadushin gives a good summarization, incorporating most of the standard literature. Among other things, he mentions the additional strain imposed on workers by dealing with less voluntary and less rewarding clients seen under the conditions of protective services; the problems communities have in defining neglect when we do not know all that much about what care is desirable for all kids, given the variations that occur; the fact that belief in parental rights is such that most folks are unlikely to favor removal of the child for anything but physical abuse or dire physical neglect, etc. He estimates the proportion of neglect to abuse may be as high as ten to one. Attitudes toward the abusive parent tend

to be more punitive than those toward the neglectful. Lists a number of newer treatment trends, such as emphasis on case-findings, setting up "emergency parents" services (in Buffalo), joint services (mentions JPA in Chicago), use of many practical supports in addition to casework, etc. Kadushin turns out to the source of an idea encountered elsewhere:

> Neglect appears to be a response to social stress. More often than not, the neglectful mother has no husband, is living on a marginal income and in substandard housing, and is responsible for the care of atypically large family of children.
>
> Abuse appears to be a response to psychological stress. The parent is reacting to internal conflicts, selects one child in the family as a victim and responds to his misbehavior in a disproportionate manner. Families referred for protective service are generally socially isolated families (p. 283).

Notes the increasing public agency responsibility in this area and the diminishing private agency one. A fine review with an excellent current, complete bibliography. N. A. Polansky

Kahn, A. J., Kamerman, S. B., and McGowan, B. G. 1972. Child advocacy: Report of a National Baseline Study. New York: Columbia University School of Social Work.

Defines child advocacy as intervention on behalf of children in relation to those services and institutions that impinge on their lives. There can be advocacy on behalf of an individual child, as when a social worker appeals to another agency to make provisions for a child found improperly cared for; there is also advocacy on behalf of whole classes of children, hence, case- and class-advocacy. Although not entirely new, the systematic, sometimes specialized work of child-advocacy may signal emergence of a new functional role. Present monograph reports first major study of the movement, nationally. Kahn has been involved in the same work in New York City for two decades. Study conducted by use of questionnaires, by field visits, and by scrutiny of available literature. Effort has been to learn extent of the movement, at this time, and those program variables which seem to be significant in determining effectiveness of a given program. Advocacy is now found under many auspices, and with widely varying purposes, structures, financing, coverage. General conclusion is that although plagued by ambiguity, confusion and some gimmickry, the phenomenon is promising, warrants support both in its case- and class-advocacy functions. A thoughtful, analytic, frank document which will act as both stimulus and orientation for those attempting this relatively new work, and as a baseline against which funding agencies may assess proposed new setups, and emerging "state of the art." Comprehensive treatment includes listing of titles

and addresses most of the significant undertakings nationally. Provides useful summary statement of the emerging social work function of advocacy, generally. N. A. Polansky

Levenstein, P. and Sunley, R. 1967. An effect of stimulating verbal interaction between mothers and children around play materials. American Journal of Orthopsychiatry, 37: 334-35.

Project verbal interaction was experimental in design with Ss drawn from a socially disadvantaged population most vulnerable to poverty; improvement in verbal intelligence is associated with the stimulation of verbal interaction between mothers and their children.

Lewis, H. 1969. Parental and community neglect--twin responsibilities of protective services. Children, 16: 114-18.

A summary of literature on parental and community neglect and the delivery of protective services, which points to new directions in service delivery for child neglect. The author documents the inefficiency of protective agency dealings with the child neglect problem. He calls for better detection of neglect and more effort at dealing with community neglect of children.

Looff, D. H. 1971. Appalachia's children: The challenge of mental health. Lexington, Ky.: The University Press of Kentucky.

Small book reporting six years of work in a four county area, in a child psychiatry clinic. Very little "research." More or less informal compilations of observations. However, his impressions are strikingly similar to Polansky, Borgman and De Saix in relating some of the behaviors not so much to "cultural values" as to the child-rearing practices in the families involved, etc.

". . . data from all our interviews yielded the same consistent theme: infancy--the first year and a half of life--shaped the interactional pattern of all these families. . . . These relationships with infants were highly permissive and indulgent. But, beginning with the motor-muscular (after eighteen months) and preschool states of development, parental attitudes changed rapidly and progressively" (p. 14). As they began to use the autonomy that the development of motor-muscular skills makes possible, these children, when they were actually out of sight, were often treated by their parents as if they no longer existed. . . . But when they

were close by, parents generally displayed the overprotective, indulgent, permissive behavior characteristic of the children's infancy.

"The local nurses put it succinctly: "We've known all along that children here sort of grow up on their own after they're babies." Overall, my brief study of Eastern Kentucky child-development practices underscored three prominent training themes. First, families strongly emphasize (over-emphasize, I feel) the infancy of their children. This is, I believe, an expression of the desire to keep families close-knit and results from the familistic orientation of Appalachian families, which has been observed by numerous commentators, notably Thomas R. Ford and Jack Weller. . . . The second theme is the marked lack of emphasis on developing verbal skills. The third is the fact that sexual maturation and functioning, whether one is considering adults or children, is virtually a tabooed topic (p. 17). Clearly related to this close, interdependent family functioning, we have come to believe from our clinical work, is the great frequency with which separation anxiety is the emotional conflict faced by individual children and their parents . . ." (p. 25).

Does talk about "Eastern Kentucky relatedness." This he sees as emerging from the fact that the first 18 months of life are so rewarding that there is, in fact, basic trust. Easy to involve many of them in interviews; so trusting that they also found it easy to wait in waiting rooms, etc. This was often, oddly enough, compresent in folks who were wildly impulsive. Speaking of sexuality, the strong conflicts about it, brought about by strong religious taboo, combined with fact that with everyone in one room, they all observe and hear it, and in fact, "the sexual interests of children are likely to be overly stimulated" even while no one wants to admit they exist (p. 61). Re: regional nonverbalism. On the one hand, there are clear indications that many people in the region find verbal communication very difficult. Theirs is an economy of language amounting to sparseness . . . . Yet, . . . The striking phenomenon is that the silent families exist side by side with others who are quite able to express feelings and ideas sensitively in words. The silent stereotype simply does not hold true for all (p. 77).

Thus, "When plans are properly made with them as active participants in that planning, many of these poor but feeling-oriented and verbal Eastern Kentucky families can make effective use of insight-directed, even long-term psychotherapy. For the nonverbal families that exist side-by-side with them, on the other hand, we adopted revised casework and nursing techniques. Crisis-oriented and brief-contact intervention, home-treatment services, and community-action projects were found more appropriate to the needs of these action-oriented

families (p. 92). "I should also say that, while individual psychotherapy is certainly no substitute for correction of the noxious social conditions that afflict the low-income people of the southern mountains, it is also true that environmental measures alone may fail to alleviate symptoms of personality disorder based on internal emotional problems" (p. 139).

"The relatively rigid, fatalistic, nonverbal, and anti-intellectual life-style of the very poor is closely associated with unbound, raw anxiety. Lacking, on the whole, adequate ways of relieving anxiety, the very poor in the region characteristically bow down under the sheer weight of it. They develop an apathetic, resigned, careworn appearance; helpless-hopeless inner feelings; and silent personal withdrawal from tasks and from other people. Such a state, called "the poverty syndrome" by many, can be conceptualized as a chronic psychological depression" (p. 170). But the very poor in the mountains are not like Pavenstedt's lower-lower class in Boston; they are not essentially disorganized. These poor retain a capacity for relatedness. But they do share the hard lot of the poor elsewhere in the nation, and the reinforcing factors of physical, mental and cultural isolation operate to hold them in disadvantaged areas.
N. A. Polansky

Melson, E. F. 1956 (1970). Interpreting, testing and proving neglect. Caseworker and Judge in Neglect Cases. New York: Child Welfare League of America, pamphlet, pp. 20-31.

Legal suggestions are given protective caseworkers in interpreting, testing, and proving child neglect, especially the more elusive emotional neglect, from a legal standpoint. Letter of the law will help the worker determine whether or not she has admissible evidence on a neglect case, will impress the judge that she knows the law. Should test the legal validity of her feeling that a child is emotionally neglected, and turn her feelings into evidence by collecting data, interviewing, collaboration with other agencies, etc. Important that she establish herself as an expert witness by education, experience and training.

On occasion the protective worker is called upon to persuade the judge that emotional neglect, though not specifically mentioned, is nevertheless envisioned in the statutory definition of neglect. Must show that statutory wording of the law does not preclude neglect, and in fact by necessary implication, it includes it. Should be highly trained in legal and court procedures, and should not be intimidated by the judge who is a salaried state employee. C. Hally

Minuchin, S., Montalvo, B., Guerney, B. G., Rosman, B. L., and Schumer, F. 1967. Families of the Slums: An Exploration of Their Structure and Treatment. New York: Basic Books.

Report of a clinical investigation (there are trappings of experimental design, but no attention is paid them) which is not really of all slum families, but of the disorganized group, comparable to Pavenstedt's. The families were reached through the Wyltwick School for Boys; each contained more than one acting-out (delinquent) child. Team consisted of psychiatrists, social workers and psychologists. Attempt was made to intervene through family treatment, using family interviewing. Consists mostly of undigested reports of the treatment of typical cases. There are, however, two chapters of theory and therapeutic method which sum up what was learned.

Book's chief contribution is identifying the way in which childlike parents often abdicate authority to "parental children," given responsibility, really, for their family. Similarly, alliances among the children to manipulate the parents are also identified. Direct work highlighted the disjointed, distorted and often non-existent patterns of communication in these households. The level of disorganization is such it is fair to ask whether those involved have anything as structured as "roles." The main treatment interventions were to try to help parents establish executive control, and to increase communication between parents and children. The evidence, which is evidently honestly given, makes it doubtful this was achieved in very many cases, using their free-wheeling but persistent techniques. They do demonstrate that such families will not run from an aggressive approach, nor one involving much confrontation, but they do not demonstrate much success. Polansky's review is worth quoting for list of myths exploded by this book. N. A. Polansky

Mulford, R. M. 1956 (1970). The caseworker in court. Caseworker and Judge in Neglect Cases. New York: Child Welfare League of America, pamphlet, pp. 3-8.

Sets forth guidelines for social workers working with courts on neglect cases. The caseworker's initial approach is to evaluate the home situation, its effect on the children, and to establish a casework relationship with the parents. Whether or not a particular case goes to court, a casework relationship with the parents is necessary in order to be helpful to them and their children. A good social study provides factual information which implements diagnosis and treatment, and in the protective setting provide factual data can be used as evidence, while not gathered in an accusatory manner.

It is essential to know what constitutes neglect legally and how the judge interprets the statute. When preparing for court action the caseworker must examine his own feelings which may be conflicting if he has indeed established a rapport with the parents. The conflict is resolved if he recognizes that he continues being helpful by initiating and carrying through court action which relieves the parents of responsibilities they cannot carry. Caseworker needs the support and backing of his agency in taking neglect cases to court. There is less legal recognition of emotional neglect and a worker going to court on an emotional neglect case needs to know the law and how the individual judge interprets the statutes to cover emotional neglect. Agencies and agency executives need to have a working relationship with the courts they come before for the sake of the worker who takes the case to court and for the sake of the client children and their families so that a fair, cooperative atmosphere will prevail. C. Hally

Miller, A. 1971. On therapeutic technique regarding the so-called narcissistic neuroses. Psyche, Stuttgart 25: 641-668.

Discusses the therapeutic significance of Kohut's conception of narcissism, with special attention to the development of infantile aggression, the consolidation of a stable regulatory system for narcissism, and the problem of idealization. Four case histories demonstrate that children of narcissistically disturbed mothers are frequently blocked from normal access to their own aggression and from the neutralization of aggression. A simple conceptualizaton based on a drive frustration theory does not afford therapeutically decisive insight into object relations. It is not merely the mother's disturbance which is pathogenic, but also the child's response to the mother's disturbance. Out of consideration for her, the child undertakes a regressive flight from separation anxiety and ambivalence. This regression is revived in the analytic situation in the form of avoidance strategies, clinging, or distancing. The analyst, in his double function as transference and identification object, has the task of enabling the patient to face the conflicts he has circumvented in the mother-child relationship. In this manner, the construction of a stabler self-representation can be approached.

Olson, I. 1970. Some effects of increased aid in money and social services to families getting AFDC grants. Child Welfare, 49:94-100.

Study done starting July 1966 and running for a year and one-half. 150 cases involved. About half received standard state grants; other half received grants higher than

Maryland's standards. E.g., $3,400 per year for family of four; standard grant would have been $1,987.

After the increased funds and service, the cases were reinterviewed by "an outside research organization." By now, the useable sample was down to 131 cases. Basically, the results are all based on clients' self-reports. For example, asked if they would prefer to work, about 85% on the average said they would prefer to work. "Their responses support the conclusion that even mothers with small children would prefer to depend upon their own earnings than upon AFDC" (p. 97). Associated with higher grants were money management (whatever that is), and favorable self-rating on health. There was a trend, not quite at the 5% level, for differences in "(a) morale, as shown by the way participants viewed their status; (b) improving their home, and (c) participation in community life" (p. 98).

It is hard to know what to conclude from this study, which cost quite a bit. A major finding is that hardly any of those on the augmented income reported having been without food for as long as a day, while many of those--indeed, nearly all--on the standard budget were without food for as long as a day at some time during the period covered. . . . "the study suggests that the most important factor in an AFDC program is a grant of at least minimum adequacy" (p. 100).

Pavenstedt, E. 1973. An intervention program for infants from high risk homes. American Journal of Public Health, 63:393-95.

A brief paper describing a day care unit set up for 15 "at risk" children from birth to three in Boston, combined with a training program to teach a select group of older, lower class women to care for at risk children. The purpose of the program was to bring the needs of very young children "at high risk" in the emotional and characterological sphere to greater attention, and to demonstrate a Pavenstedt's group's approach to the problem.

Bennett's criteria for "at risk" infants and children are used. They are "serious alcoholism, drug addiction, psychiatric disturbance, chronic physical illness or mental retardation of one or both parents, prolonged absence of mother from the home, fatherless homes in which the mother is totally unable to cope with rearing children, due to her own emotional deprivation or depression; a mother under age 16 at the child's birth; chronic delinquency of either parent or older siblings; a history of one or more case of failure-to-thrive due to neglect in the family; and one or more siblings previously removed from the home by a protective agency" (p. 393).

These children for the most part receive inadequate mothering which makes them physically at risk in their environment and emotionally deprived. Pavenstedt notes that these children need compensatory and corrective care to withstand the pressures of their pathological environment. The author also stresses that the training of care givers for deprived young children is a long process whereby the care givers learn not only theoretical guidelines but also must absorb and internalize, primarily by identification with training staff members, the theory content. C. Hally

Podell, L. 1970. Studies in the use of health services by families on welfare: Utilization of preventive health services. Springfield, Va.: National Technical Information Service, U.S. Dept. of Commerce.

A systematic study of families on welfare in New York City. A random sample was interviewed by women of the same race. Parts 1 and 2 are about these women's seeking of medical care for themselves. Part 3 concerns health care of preschool children. It was found that women with less education tended to reject the necessity of well-child care and to be unaware of nearby facilities. Most doctor-child contact occurred in clinics. K. Van Wormer

Robinson, H. B. and Robinson, N. M. 1971. Longitudinal development of the very young in a comprehensive day care program: The first two years. Child Development, 42:1673-1683.

Reports intelligence tests' results for 19 infants and 12 2-1/2 to 4-1/2 year old children given stimulating day care for up to 2-1/2 years. Tests included the Bayley Mental Scale, the Bayley Motor Scale, and the Bayley Behavior Profile which were administered every 3 months. Older Ss were given several language assessment measures, along with the Stanford-Binet and Peabody Picture Vocabulary Test. Four-year-old Ss were given 3 additional tests designed to measure various mental abilities. Comparisons with test scores of 2 groups of control children suggest that comprehensive group care, if of high quality, may enhance development at a crucial period when verbal abilities are beginning to emerge. A much greater positive effect of the program was found with culturally-deprived, preschool Negro Ss than with more advantaged Caucasian Ss. Consistently higher scores on verbal tasks than sensorimotor tasks were found for Graham Center Preschool groups.

Rosenheim, M. K. 1966. The child and his day in court. Child Welfare, 45:17-21.

Discusses practices in courts concerning delinquent and neglect cases and adds specific recommendations for the handling of neglect cases in court by special agencies. Questions the legal labeling of children as delinquent. neglected, abused, etc. Procedural safeguards for children in court now are: 1) Announcing to the child and his parents the child's right to be heard in due course; 2) Giving the child legal counsel to ensure making his right to be heard of use; and 3) Giving the child a hearing to establish the facts that actually exist before making a disposition of his case.

Difficult to define child neglect legally. The author refers to several definitions for example, Paulson--"moral failing or fault," which distinguishes neglect from dependency due to the moral element"; "dependent," referring to the parents' inability to care for the child. The Illinois Juvenile Court Act of 1965 established neglect as: "Those who are neglected include any minor under 18 years of age (a) who is neglected as to proper or necessary support, education as required by law, or as to medical or other remedial care recognized under State law or other care necessary for his well-being, or who is abandoned by his parents, guardian or custodian; or (b) whose environment is injurious to his welfare or whose behavior is injurious to his own welfare or that of others." Should fault and harmful effect be joint required findings to support a neglect adjudication? Although in delinquency and abuse a single act can satisfy statutory standards, neglect is more elusive, and frequently documented by agency case records which too frequently fail as in admissible, hearsay evidence. The end result of this ambiguity is that in neglect cases there is frequently a large area of discretion, which ultimately means that neglect is "that which, by the judge's decision, constitutes neglect." He must give final interpretation to the statute's meaning. Neglect has not been a widely favored subject for law review scholarship and, "At the moment, one gets an impression of judge-made law, varying somewhat from one judge's administration to another and often handed down in a vacuum of civic indifference and professional shortages."

The author suggests more legal representation in neglect proceedings because it would sharpen the legal issues, apply current legal case law more effectively, and bring other legal concepts to bear on neglect cases. A practical proposal offered by the author is the joint hiring of attorney and social worker by a committee of social agencies; she cites many reasons why this would be advantageous. Two important questions in neglect cases need legal clarification: first, how to present social agency information in court without running afoul of the hearsay rule, and, secondly, how to legally define the "best interests" of the child. C. Hally

Scherl, D., and Macht, L. B. 1972. An examination of the relevance for mental health of selected anti-poverty programs for children and youth. Community Mental Health Journal, 8:8-16.

Reviews selected programs developed in recent years to deal with various aspects of the lives of poor children and adolescents (e.g., preschool education and job training). The manner in which such programmatic interventions foster psychological growth and reach children who have been unreachable by more conventional mental health techniques is discussed. Large-scale programs (e.g., Head Start and Job Corps) are seen as phase-specific interventions having significant mental health relevance.

Sheridan, M. D. 1956. The intelligence of 100 neglectful mothers. British Medical Journal, Jan.-Mar. 91-93.

Outdated but interesting from an historic point of view. IQ (Stanford-Binet, Form L, revised 1937) tests and interviews were given to 100 mothers brought before courts for willful neglect and placed on probation, 1953-56. All became part of a residential training center run by the Salvation Army and the Society of Friends. At admission, women were examined and those determined of adequate intelligence were accepted. This decision was made by the examining doctor and also based on the woman's "general understanding and behavior during court proceedings." No IQ level was set below which a woman was determined unfit to mother. But when testing was completed, IQs ranged from 45 to 125 (average 79.8). Seventy women (expected f = 12 for normal population) fell into retarded groups.

The women were given a four-month course on elements of child care, budgeting, cooking, housework, needlework, laundry, and shopping. The mothers had all of their children under 5 with them, while older children were placed temporarily or remained with father. All mothers accepted had to be married, with a home to return to, reasonably healthy (no epilspey, T.B., V.D.), not pregnant, and of "sufficient intelligence to benefit from training." The mentally defective women were generally temperamentally stable and within their limited capacity, gentle, friendly, contented, and teachable. (It was noted that such defective women without this stability would very likely be institutionalized before having a chance to marry and bear children.) When family responsibilities outgrow their capacities, these women become overwhelmed and unable to manage home and children, until an outside agency steps in.

The women of higher intelligence were found to be unstable and unpredictable in their emotions and behavior--misfits in

their culture. They presented many features of the so-called psychopathic personality. Although they possessed the intelligence for adequate mothering, they lacked "some essential psychological factor which is difficult to define but which seems to be that nice combination of insight and foresight which is ordinary common sense."

Those women between the extremes showed varying degrees of dull intelligence and instability. All 100 of these women were found to have one trait in common--a sort of "dazed inertia"--characterized by moral apathy, mental withdrawl, and physical lethargy of the "Apathy-Futility Syndrome." "It is possibly due to malnutrition or to the dulling effect of the repeated assault of adverse circumstances." J. Lewis

Sherman, E. A., Neuman, R. and Shyne, A. W. 1973. Children Adrift in Foster Care. New York: Child Welfare League of America.

Purpose of this research was to determine why children get "lost" in foster care and what can be done to ameliorate this phenomenon on a realistic practical level; and secondly, why and what can be done about the natural parents who also get lost in the foster care system, the latter being seen as worthy of status since many children get lost because their parents are lost in terms of rehabilitation or planning.

The research plan studied foster care for one year in a metropolitan child welfare agency. 422 children were divided into two experimental groups and one control group. Two intervention strategies were used in the experimental groups: 1) a one-page form calling for the worker to check how plans for the child were progressing on a periodic basis and serving to remind both the worker and supervisor of the status of every child; and 2) the addition of two caseworkers, experienced but non-MSW, to work with the natural parents of children in order to facilitate the child's return home by assisting the parents in altering conditions that interfere with the child's return, or to make viable alternate plans for the child if return to his home of origin was not in his best interest.

Findings are as follows: In this study the two intervention strategies used did not statistically significantly increase discharge rates of the children. Certain baseline, antecedent variables as indicated in other foster care research showed a stronger statistical relationship to retention or discharge of children from foster care than the intervention variables. Among these are length of time in placement as had been shown by Mass and Engler and others. The longer the child remains in foster care, the poorer are his chances of returning home and the intervention variables in this study were unable to

overcome it. Other highly significant factors associated with children's placement length are mother's behavior, her physical and emotional capacity to care for the child, and her supervision and guidance in the placement process. Frequency of maternal contacts with her child or children in placement was significantly related to the child's return to his natural home. The importance of environmental factors was indicated repeatedly in the findings. Adequacy of parental housing and income were found to be significantly related to the return of the children to their parents. On follow-up, too, these environmental factors were significantly related to whether or not children had to be returned to foster care, but not so parents' emotional adjustments. C. Hally.

Silverman, M., and Wolfson, E. 1971. Early intervention and social class: diagnosis and treatment of preschool children in a day care center. Journal of the American Academy of Child Psychiatry, 10:603-618.

Discusses a day care program in existence for 5 years which deals with 80 3-6 year old children from a crime and drug infiltrated section of west side Manhattan. Separation and broken homes are common to many of the Ss. In many cases developmental imbalances and deficiencies have conflicted with their learning abilities. The working team consisted of a psychiatrist, a psychiatric social worker, an educational consultant, high school students, and housewives. Individual psychotherapeutic techniques were employed. Diagnostic problems were encountered as a result of lack of data, generalizations, and myths. Treatment was found to be difficult because of lack of "basic trust" as well as separation anxiety experienced by the child, and the tendency for the therapist to "give" in ways to compensate for lack of material wants. However, it was found that psychiatric techniques utilized in a day care center are meritorious and beneficial in all deviating stress arising from socioeconomic evils.

Sullivan, M., Spasser, M., and Taber, M. 1974. The Bowen Center Project. Chicago: Juvenile Protective Association. (Mimeograph, in process).

Reports the most ambitious, integrated and community-based program of intervention into neglectful families. Beginning with a basic structure of services in an abandoned church, they added services as they seemed needed. Services included casework, day care center, homemaker, special education classes for older children, group work with parents, emergency placement service, temporary shelter, etc., all under one roof and accessible through a single caseworker. Material gathered offers detailed image of inner structure and dynamics of these

families and of individuals comprising them far beyond that found in more cursory contacts. Most of the best ideas to date regarding what might be tried with multiproblem families have been tested out in this project, which dealt with 35 families over a total of about three years. N. A. Polansky

Varon, E. 1964. Communication: client, community, and agency. Social Work, 9:51-57.

Purpose was to understand communication between a protective agency, its clients, and the community in which it operated. Agency studied was Massachusetts Society for the Prevention of Cruelty to Children. Two small working-class neighborhoods in greater Boston where the agency operated were the "selected community." The total population of clients of the MSPCC in this neighborhood for a year and a half was asked to participate but only 13 out of 24 did so. Interviews were conducted with the former clients, neighbors, power figures in the community, and some agency caseworkers. These were compared to learn differences in perceptions and values of the client, community, and agency relating to agency function and purpose.

Findings: 1) Those who had had contact with the MSPCC or other social agencies were more pessimistic toward the agency than those who had no contact with social agencies; 2) Community lacked knowledge or interest in the agency, and reacted more to the individual worker than to abstract agency; 3) The more sophisticated the client, the better able he was to perceive the agency as the agency perceived itself; 4) In this working-class community with economically marginal existences, good mothering was defined as providing adequate food, clothing, and shelter for one's children; failure to provide these constituted neglect. Although a verbal value was placed on emotional health, failure in this regard was not seen as neglect; 5) When seeing others in need, the members of the community react by impulsively helping the needy without thinking of how to change the source of the trouble; this warm impulse gives rise to feelings of resentment; 6) Social workers had a negative identification in the community; 7) The agency was seen as punitive and reinforcing the impotence of the people to influence their own lives; 8) The inability of the client to know the source of the complaint against him correlated with his not being helped by the agency; 9) Throughout the community there was support for agency intervention in drastic situations. It is suggested that in less drastic situations the agency concentrate on helping within the framework of the community's values and thereby achieve a more benevolent identification in the community. C. Hally

Wardle, M. 1970. The Lordsville project: Experimental group work in a deprived area. Case Conference, 16:441-46.

This paper presents an example of experimental group work in a deprived area in urban England. The project was initiated by the Family Service Unit because of their belief that for a family living in chronic slum conditions casework is rarely enough to achieve significant improvements, since the family's development is held back by their environment. Some might question this premise. Their feeling of the limitations of casework in such situations has led them toward an interest in Community Development which as demonstrated in this paper is a combination of groupwork and community organization. With eight social work and education students living in a house in the slum neighborhood, a month-long pilot project was undertaken with the primary aim of relieving the pressure on the families during the long school holidays. A secondary goal was to assess what leadership existed in the area and to learn what the community was really like.

A week was spent in preparing their living quarters and getting to know neighborhood residents; a letter introducing themselves and their planned activities was given to each neighborhood family. The activities the group provided for the neighborhood children and teenagers for the month were outings to state parks, local activities such as going to the local playground and swimming pool, group work consisting of clay modelling for youngsters, baking, and record parties for adolescents, etc. and, lastly, informal activities such as taking individual children shopping, or walking. Services to adult family members were indirect and via the children, that is providing babysitting and relief help for the parents during the holidays when the children would otherwise be abandoned and into mischief.

The project was very successful and the writer feels justifies more social work intervention of this nature into communities. C. Hally

Wasserman, H. 1970. Early careers of professional social workers in a public welfare agency. Social Work, 15: 93-101.

The author observed for 2 years 12 new professional social workers employed in their first jobs following graduate school in a public child welfare agency. Nine of the 12 were committed by school stipends to work in the agency following graduation and 9 of the 12 had prior experience in public welfare work before graduate school. At the end of the two-year period, 8 of the 12 workers left the agency, 6 voluntarily and 2 non-voluntarily. Fits with Alfred Kadushin's 1967

finding that 27% of the workers in child welfare agencies quit annually. The two principal feelings expressed by the workers during the study were frustration and physical fatigue. Significantly, the quitting workers were all highly ambivalent about their departure.

Some of the constraints on professional decision-making by the new workers in this public agency setting were: 1) AFDC grants which cover the original families of many children in foster placement represent an income approximately 25% below the poverty level set by the federal government; 2) There are few alternatives to foster care placement for children although many foster homes are inadequate and always scarce; 3) Children are placed in foster homes without benefit of prior diagnosis and assessment; 4) Children are usually removed from their own homes and put in foster placement in emergency situations; 5) Many child welfare agencies lack social backups such as homemaker services, day care centers, etc.; 6) Institutions interacting with the child welfare agencies frequently have rigid policies which inhibit the best interest of the client from being achieved; 7) Although many foster homes were professionally evaluated as being inadequate, due to scarcity of foster home, workers were reluctant to drop the homes. The author concludes that the knowledge, skills, and values that students acquire at social work school are of little use to them in a work situation in which structural constraints dictate the decision-making process. C. Hally

Wasserman, S. L. 1974. Ego psychology. In F. J. Turner, Ed., Social Work Treatment, New York: Free Press, pp. 42-83.

An unusually cogent statement of the contribution of modern ego psychology to the practice of social casework by an experienced teacher and practitioner. In illustrating the relevance of the concepts, author chose to devote much space to the case of a woman able to be regarded as a neglectful mother. Delineation of her dynamics, and the process of her treatment are of unusual interest to the student of child neglect.

Technically, the case is treated as illustrative of work with the impulse-ridden, character-disordered client. Work is described as moving through phases of relationship, identification with the worker, internalization and acquisition of a self-identity, and termination. A subsequent case describes in more detail the processes of termination expectable, once-again, in the client with a "weak ego." A valuable addition to the literature of more sophisticated individual work within the large category of neglectful parents. Useful antidote to studies depicting these clients statistically, i.e., in purely characterological terms, or from a distance without recognizing how they experience the world. N. A. Polansky

Wylegala, V. B. 1956 (1970). Court procedures in neglect. Caseworker and Judge in Neglect Cases. New York: Child Welfare League of America. (Pamphlet), pp. 9-19.

The juvenile or children's court is a socio-legal agency which has the power to compel its clients to accept the social rehabilitation they need. The power of the court should not be invoked until the efforts of skilled workers have produced no results and the children show definite signs of harm in their progress toward attaining full development within their capacities. Most juvenile or children's courts are permitted by the acts creating them to conduct proceedings less formally than adult courts; however, when personal rights are involved findings must be based on competent legal evidence. New York's youth court is entirely civil; no allegation is required that neglect was willful or intentional and no criminal charge is made against the parents.

Advice concerning evidence is made: 1) To avoid hearsay evidence, the protective worker should work with the family long enough to be able to testify himself as to environmental and psychological conditions in the home via his own expert observations; 2) Competent witnesses are good, but not gossip; 3) Detail---date, time of day, specific location of bruises are good in reporting; 4) Be sure to make statements of facts, not conclusions; 5) Reports of your conversations with parents admitting their neglect are useful; 6) Don't try to repeat conversations verbatim; you can't and the opposing lawyer will strike at your credibility; 7) Avoid technical Freudian jargon; use plain, clear, concise language; 8) Be thoroughly prepared with all the true evidence you can muster--school records showing tardiness, poor medical records, other social agency reports on the family, etc. A practical, useful article for protective workers. C. Hally

SEQUELLAE

Bakin, H. 1942. Loneliness in infants. American Journal of Diseases in Children, 63:30-40.

This is an early historic article on the effects of lack of human stimulation on infants. In addition to his own observations at Bellevue Hospital, Bakin refers to studies as early as 1915 in Europe and America in hospitals and foundling homes on the effects of human deprivation in infancy, the obvious result in those days being an almost 100% mortality rate among institutionalized infants. That the death rate was due to human deprivation was clear only after improved institutional nutrition and sanitation had failed to make any difference in the death rate; indeed some early antiseptic measures often isolated the infants to an even greater degree and more quickly caused their deaths. Bakin compares human infant care with that of other mammals and concludes that all mammals are social animals and socialization begins early in life. In the mammalian world mother and offspring remain in very close contact in postnatal life. Contrast this with the isolettes in some hospitals.

Bakin summarizes with the following: 1) Despite improved knowledge of nutrition and infection control, infants at the time of the study continued to do poorly in hospitals; 2) Failure to thrive in institutionalized infants is due primarily to the lack of the kind of stimulation that they normally receive in the home from their mothers; 3) Some devices designed to prevent cross infections actually contribute to loneliness of infants in hospitals; 4) To compensate for deficiencies in this respect at Bellevue Hospital, staff are encouraged to fondle infants frequently and parents are encouraged to visit them; 5) That these measures do not adversely affect the infants is shown by the drop in the infant fatality rate at Bellevue during the ten year period of observation. (See also Hepner's study, using Polansky's scale.) C. Hally

Beck, M. B. 1971. The destiny of the unwanted child: the issue of compulsory pregnancy. In E. Reiterman, Ed., Abortion and the Unwanted Child. New York: Springer Publishing Company, Inc., pp. 59-71.

Compulsory pregnancy is pregnancy incurred by chance or plan which for any reason is consistently and unequivocally unwanted

by the pregnant woman. The unwanted child is characterized as one who has biological parents only, the parents do not care for him and on occasion fail to take him home from the hospital; he is abandoned psychologically and frequently physically; he is neglected or abused, sometimes by malnutrition, as well as psychologically. The writer refers to Erickson's contention that a sense of basic trust dependent on the quality of the maternal relationship must be developed in the infant and that parents of unwanted children frequently are unable to provide this. Also reports Gerald Caplan's finding of a syndrome of mothers who, having unsuccessfully tried to abort themselves, project pathology onto their children in their childhood as if they had actually impaired or ruined the child in utero!

A grim historical perspective on abortion and infanticide is given which this reader does not find particularly useful in advocacy of abortion. To lay to rest the adage that unwanted pregnancies become wanted children after birth, Beck observes that more then 300,000 American children are daily in foster care, that 100,000 have no hope of returning to their own parents, and that, in all, 46% of the children in foster care are there because of parental neglect, abuse or exploitation. C. Hally

Caldwell, B. M. 1970. The effects of psychosocial deprivation on human development in infancy. Merrill-Palmer Quarterly, 3:260-270.

Article reviews briefly most seminal studies in psychosocial development in infancy and makes recommendations for future areas of research. Spitz (1945, 46) is considered to have "launched" the maternal deprivation decade with his report that infants suddenly separated from their mothers often entered a state of depression and showed a sharp decline in cognitive functioning (Mirasmus). Bowlby's work on maternal deprivation (1952) is cited in 1962. Reissman added the concept of cultural deprivation. Although early field studies of maternal and cultural deprivation seem to conflict, no data since the early fifties suggest that children from deprived social circumstances have any psychological advantage in early family environment; quite the contrary.

Decarie's 1965 study yielded data on effects of psychosocial deprivation during infancy. With the intent of ascertaining any relation between Piaget's "object permanence" and the psychoanalytic concept "object relations" she tested 90 infants--30 institutionalized, 30 home reared, and 30 in adoptive homes. Her results showed the damaging effects of psychosocial deprivation inherent in the institutional setting. The institutionalized children scored significantly

lower on both examinations, and the adoptive children who had sustained at least one separation and relocation scored between the institutionalized and home-reared children.

Skeels and Dye (1939) transferred 13 young children who were showing retarded development from an orphanage where they had a minimum number of caretakers to an institution for the retarded. Their new caretakers were retarded female adolescents and young women in greater numbers eager to care for them. With the added human warmth and stimulation the children began to develop normally, and in a follow-up 30 years later were living normal lives and producing offspring who tested normally. Most studies are consistent in their finding that during their first year, children from deprived and non-deprived homes appear to develop at about the same rate; not much testing is done with 2-year-olds, but by the time they are picked up again at age three, the deficit for children from deprived homes is obvious and resistant to reversal. Especially notes studies by Bayley in 1965.

Concludes by pointing out four areas where research is needed: 1) Improving techniques for assessing the psychosocial environment (author notes her own "Inventory of Home Stimulation"); 2) Need for development of more "change-sensitive" measurements of infant development; 3) Exploring the relationship between constitutional factors and susceptibility to the influence of deprivation; and 4) Better research utilization of the clinical single case model, including following the full chain of events necessary to prove the effects of the environment on the infant's development, which are--deviant development, evidence of deprivation, change in developmental rate, and evidence of change of level of psychosocial stimulation. C. Hally

Eisenberg, L. 1962. The sins of the fathers: urban decay and social pathology. American Journal of Orthopsychiatry, 32: 5-17.

Eloquently describes the psychiatric referrals associated with the foster care decisions of welfare department in Baltimore County, Maryland. Contrasts this group of 140 cases with statewide foster care data.

Findings are: 1) Foster children referred for psychiatric care were far more often abandoned by their parents than was the case for the average child; 2) Two-thirds of the referred children were male; 3) These children had been in foster care longer and had had more replacements than average for foster children in the agency; 4) Aggressive behavior was the cause of 70% of the referrals to psychiatric care; 5) Although mean IQ was similar to that of the average population, only 10 per cent of the referred children were attending the age-appropriate

grade; 6) The children fit no single psychiatric diagnostic category; the largest single diagnosis, 35%, was personality disorder.

Made the following clinical observations of these children. They were inarticulate--"their reluctance to verbalize and lack of verbal facility reflects a subculture in which feelings are expressed by doing rather than by talking." Demonstrated poor orientation to time, place, and person. Due to the chaos of their lives they have not been able to learn these basic concepts. These children are apathetic and mistrustful of others; and being suspicious of others, "they show little spontaneity and withhold any enthusiasm they may have." They are self-deprecatory. Many are unsocialized when referred; even eating and toileting behavior are frequently primitive. More money is needed for foster care programs so that they may be conducted more astutely. Group homes need be considered since foster care is so poor at this time. Caseworkers also do children in foster care no favor when they encourage them to maintain fantasied relationships with parents who really do not care. C. Hally

Forssman, H., and Thuwe, I. 1971. One hundred and twenty children born after application for therapeutic abortion refused. In Abortion and the Unwanted Child. New York: Pringer, pp. 123-45.

A significant controlled Swedish study of children born after refusal of abortion to their mothers. Although the type of nurturance given the study population in childhood is not known, when studied at the age of 21, it was observed that these individuals were in poorer physical and mental health and used more alcohol than a control group. The males in the "unwanted" group had a higher rate of rejection by the army, and the females married and became pregnant at an earlier age. The battered child incidence was high, and despite a drop in infant mortality from all other causes, death by homicide in this group increased. This study strongly suggests negative sequellae of unwanted births. C. Hally

Harlow, H. F., Harlow, M. K., and Suomi, S. J. 1971. From thought to therapy: Lessons from a primate laboratory. American Scientist, 59:538-549.

A seminal, summary paper on Harlow's primate research. Early Harlow measured the strength of bodily contact comfort as opposed to satisfaction of nutritional needs as motivational forces eliciting love for mother in rhesus neonates; in testing, the neonates overwhelming chose surrogates offering

bodily contact comfort. Harlow also recognized early that no major act of animal behavior is determined by a single variable. Harlow notes five love relationship systems in the rhesus monkey: maternal love, infant love for the mother, peer love, heterosexual love, and paternal love. He feels the most important of these is peer love which continues through the life span and affects the development of basic social roles. In learning situations, monkeys raised in nuclear family groups tested significantly higher (at .001 level) than did monkeys raised in partial or total social isolation.

Harlow got psychopathological behavior from his monkey subjects by inducing social isolation and maternal rejection in the laboratory. Monkeys deprived of mothering were incapable of giving mothering to their offspring, were incapable of impregnation by any other than artificial means, and showed catatonic schizophrenic behaviors. Harlow felt the social isolation prohibited the development of essential love systems for the young monkey--he cannot receive mother love or learn to love her, he cannot develop peer relationships; and has no opportunity to learn sexual behavior with another. Total isolation during the developmental period produced even more devastating behavior, but with less deprived neonates effective psychotherapy was accomplished on a one-to-one basis with a healthy therapist of the same age. When separating young monkeys from their mothers after several months of normal rearing, the experimenters discovered the same type of anaclitic depression described by Spitz and Bowlby with human infants. A fine article with obvious implications. C. Hally

Hepner, R., and Maiden, N. 1971. Growth rate, nutrient intake and "mothering" as determinants of malnutrition in disadvantaged children. Nutrition Reviews, 29:219-223.

In studies of effects of nutrition in very young children, became aware of significance of effects of growth spurts. An apparently well-nourished child may prove malnourished if measurement is done when body is making unusual demand for nourishment. Checked children's nutritional statuses via laboratory studies, primarily, and other indices. Found status during growth spurt, among the poor, unrelated to family's per capita income, expenditure for food, and even caloric intake. Nutritional status was related to mother's score on the cognitive/emotional phase of Polansky's Childhood Level of Living Scale. Conclude that good mothering may serve to buffer child against poor nutrient intake; similarly, adequate nutrition will not defend him, in periods of rapid growth, against malnutrition in the absence of such mothering. A widely-read study in nutrition research. N. A. Polansky

Holland, J. 1954. The influence of previous experience and residual effects of deprivation on hoarding in the rat. Journal of Comparative and Physiological Psychology, 47:244-47.

Theories of hoarding behavior differ principally in their interpretation of its origin and motivational basis. Instinct theory denies that experience would influence hoarding, while learning theory suggests that the learning process operates to increase the response strength of hoarding. This theory further claims that learning provides the motivational mechanism for continuing hoarding when the primary motivation for hoarding is absent in the first few days of satiation following deprivation. The motivation operating at this time is considered to be an externalized drive, as contrasted with the assumption of instinct theory that the primary motivation continues for a time after restored ad libidum feeding. Holland's experiment tested these two hypotheses by investigating hoarding in animals when they differ in hoarding experiences.

All Ss were given access to hoarding alleys for 20 daily 1/2 hour sessions, after 23 hours of food deprivation. For the experience group there was food in the alley, which permitted acquisition of hoarding experience. The no-experience group was not given food in the alley so no opportunity to learn hoarding. After recovery from deprivation cycle, the rats were subjected 0, 48, or 72 hours of total food deprivation. This treatment was immediately followed by 24 hours of unrestricted feeding after which the animals were tested for hoarding by the number of pellets they accumulated.

The experience group hoarded a significantly greater number of pellets than did the non-experience group, indicating that learning has an important role in hoarding behavior. No hoarding differences were obtained among the no-experience subgroups with different deprivation histories. Although inconclusive, the results for experience sub-groups suggests residual effect of deprivation on hoarding. C. Hally

Newton, N. 1951. The relationship between infant feeding experience and later behavior. Journal of Pediatrics, 38:28-40

Purpose was to explore the relationship between infant feeding experience and later behavior. Twenty-four normal five-year-old children were studied intensively in kindergarten. Early feeding information was obtained via interviews with the mothers. Checks on the mother's information were obtained via pediatric records in seven cases. All information was significantly similar.

The following areas were explored for trends:

Breast Feeding. Breast feeding groups consisted of those who made abortive attempts to breastfeed; those who breastfed with a bottle supplement, and those who successfully breastfed their infants. The abortive and successful groups had the best adjustment scores, and the author concludes this is because these two mother types were the most secure, whereas the mothers in the group who had supplemented breastfeeding were anxious and ambivalent not being able to choose one or the other technique. Schedule feeding. Schedule feeding types were those who rigidly maintained feeding schedules, those who were less rigid, and a flexible group where feeding times were completely variable. Study results showed that the flexible group had the most desirable behavior and the less rigid group the least desirable behavior with the rigid group falling inbetween. The author interprets the cause of this to be the fact that the flexible mother was secure enough to maintain complete flexibility, and the rigid schedule mother type was highly motivated to raise her children well. Weaning groups. Children who were weaned suddenly, and so early that the bottle had to be propped for them had low adjustment and social adaptability scores. Mixed Experience Group. Children fed on a less rigid schedule with supplemental breast feeding showed the least desirable behavior of the entire group. The group with no feeding troubles showed the most desirable behaviors but not significantly.

Since evidence for simple causal relationships was not found in this study, the author speculates that other reasons should be exanined. Attitude of the mothers is an important ingredient ent. Gleaned three maternal types: 1) The "upset" biological mother who wanted to breastfeed but was insecure about it and therefore supplemented the breast; 2) The placid biological mother type who successfully breastfed, and 3) The "conscientious modern urban type mother" who preferred bottle feeding and rigid schedules. The conscientious urban type mother and the placid biological mothers had the best adjusted children as would be expected due to having secure expectations of thenselves and less anxiety. An historically significant article. C. Hally

Oliver, K., and Barclay, A. 1967. Stanford-Binet and Goodenough-Harris Test performances of Head Start children. Psychological Reports, 20:175-79.

Investigated the characteristics of revised Stanford-Binet (SB) and Goodenough-Harris (GH) protocols for 188 culturally disadvantaged children. These children scored in the low normal level of intelligence, girls were superior to boys, and whites were superior to Negroes. Further, a race and sex analysis indicated white females showed functional superiority relative

to Negro male and female children while there were no differences between white male children and Negro male or female children. Also, the SB and GH did not correlate highly, suggesting that different skills are required by the 2 tests. An item analysis of the SB suggested that for this population most of the items are correctly placed for age.

Oliman, J., and Friedman, S. 1967. Parental deprivation in psychiatric conditions. III. In personality disorders and other conditions. Diseases of the Nervous System, 28:298-303.

An extensive investigation of parental deprivation prior to the 19th birthday in persons with various psychiatric disorders revealed a definitely elevated incidence of parental loss in Ss with personality and character disorders. Drug addicts and psychoneurotic Ss showed the next highest levels of deprivation. Deprivation in all other psychiatric groups was the same as in controls. All Negro Ss exhibited a high level of deprivation. This finding is interpreted as the result of socio-economic-cultural factors. The question is posed as to whether personality disorders, which appear to be the most specific result in deprivation, may be attributed chiefly to reaction to actual physical loss of the parent, or to the emotional turmoil which he may have created in the child prior to his departure.

Patton, R. G., and Gardner, L. I. 1963. Growth Failure in Maternal Deprivation. Springfield, Ill.: Charles C. Thomas.

An in-depth study of six children brought into Syracuse, N.Y. hospitals for growth failure. Five of the children were first seen between the ages of 13 and 36 months, and the sixth child was 6.5 years when first seen. Detailed data on each child are presented, and the aspects of maternal deprivation discussed. After initial studies and repeated attempts to return the children to improved home environments, all were placed in foster homes with the hope that this would be temporary for some. "After an initial period of rapid amelioration, the long-term response in linear growth, weight gain, and skeletal maturation has been variable, with most of these parameters remaining below the 50th percentile for age during the periods of study. It is difficult to determine whether this "lag" is due to genetic factors or to a permanent reduction in growth potential resulting from unfavorable environmental circumstances of earlier childhood and infancy" (p. 83). In spite of initial rapid gains in "affect, social behavior, and intellectual functions," the 5 younger children "did not attain the developmental age norms during the

periods of observation, and the two older patients, who have been followed into late childhood, show evidence of probable residual damage to personality structure and intellect" (p. 83). These findings "suggest the existence of critical periods in the early phases of post-natal somatic growth and neural organization, during which unfavorable environmental factors may lead to an irreversible reduction in growth and developmental potential" (p. 84). "Whether this growth failure results from insufficient intake of calories, deficient intestinal absorption, or from direct hormonal or neurohumoral effects on cell metabolism, any effective approach to therapy must deal primarily with the underlying social and emotional disorders" (p. 84). Any solution to the problem must necessarily involve social, political, and educational action aimed at breaking the cycle.

This study is thorough and well documented although it involves only a small population; it should be considered a valuable resource in the area of maternal deprivation. Many references are cited. J. Lewis

Polansky, N. A.; Borgman, R. D.; DeSaix, C., and Smith, B. J. 1970. Two modes of maternal immaturity and their consequences. Child Welfare, 49:312-23.

Difficulty with most studies of parental influences on children's emotional difficulties is that they are nondiscriminatory. That is, the schizophrenogenic parent and the delinquogenic parent prove to have much in common--both are substantially immature and undernourishing. Present study, part of a series dealing with effect of maternal personality on children's sought differential relationships. Mothers were scaled for degree of apathy-futility; also for degree of childish-impulsivity. Through Borgatt-Fanshel Childhood Behavior Characteristics scale, five-year old children were also able to be studied. Results for a sample of 52 Appalachian youngsters from poverty level families are reported. It was observed that child's display of hostile-defiance in day care setting was independent of degree of apathy-futility of mother, but did correlate with her impulsivity. On the other hand, predominance of apathy-futility elements in maternal personality did correlate with both withdrawal and, related phenomenon, objectless clinging in the child. Latter is regarded as in the direction of massive detachment, and potentially more ominous. Results are suggestive with respect to identifying the forms of maternal infantilism which have differential effects on children.
N. A. Polansky

Powell, G., Brasel, J., and Blizzard, R. 1967. Emotional deprivation and growth retardation simulating idiopathic hypopituitarism: I. Clinical evaluation of the syndrome. New England Journal of Medicine, 276:1271-78.

Done at Johns Hopkins U. School of Medicine, study took place from 1963 to 1967. Thirteen children (3 females, 10 males) aged 3.3 to 11.5, were observed and evaluated. All were believed to have growth failure on the basis of idiopathic hypopituitarism. "However, a number of unusual features were noted in the histories that suggested emotional disturbances in the children and abnormal home environments. These were not common to the histories of patients with idiopathic hypopituitarism" (p. 1271). Divorce, separation, marital strife, limited education, excessive drinking, frequent absence of father were common among these families. Although the mothers were interviewed frequently, more information was gathered from them about the fathers than about themselves (sic!).

In two families there was some suggestion of gross physical mistreatment of siblings. Eleven of these children were referred for short stature and two for behavior problems. All presented some bizarre symptoms. A majority of the children were found to have the following symptoms: polydipsia, polyphagia, stealing food, drinking from toilet bowl, eating from garbage cans, gorging and vomiting, getting up at night, shyness, playing alone, retarded speech, temper tantrums, suggestive steatorrhea. In this study onset of the above symptoms and growth retardation began at the same time--before the second birthday in the majority of these cases. "Such factors as personal vulnerability and degree or length of disturbance may account for the fact that certain children suffer growth retardation whereas others, including their sibs, do not" (p. 1276).

When these 13 patients were "placed in a convalescent hospital, they demonstrated remarkable growth acceleration without receiving growth hormone or other agents. Detailed studies were performed before and during the period of rapid growth." Psychologic disturbances in the parent-child relationship could account for decreased growth in several ways: failure to provide adequate calories; anorexia, with decreased intake; altered intestinal motility, with decreased absorption; and a direct effect on metabolic processes either at peripheral tissues or centrally in the hypothalamus or hypophysis" (pituitary gland) (p. 1277). Findings in this study indicate that "Rapid growth without the administration of exogenous growth hormone and the continued growth during long periods of hospitalization suggest that normal height can be achieved . . . if inhibitory factors are released or if necessary factors are supplied for growth. In addition, growth

inhibition can persist for many years without permanently suppressing the capacity for catchup growth" (p. 1277). "The short stature may be one aspect of a continuum of adverse effects of a distorted parent-child relationship and may be the first suggestion of such a disturbed relationship" (p. 1278). Had little success in treating parents; major emphasis was on clinical aspects of children. J. Lewis

Rosen, S., Hirschenfang, S., and Benton, J. 1967. Aftermath of severe multiple deprivation in a young child: clinical implications. Perceptual and Motor Skills, 24:219-226.

"This clinical case illustrates a child's physical and mental retardation as a result of neglect and abandonment by the family. Specific areas of impairment are illustrated as are various techniques utilized in speech therapy in the rehabilitation of the child" (p. 219).

This paper was done at Downstate Medical Center, New York City. Although it is relevant to sequel ae in children, it deals with only one child with an orientation toward the issue of speech therapy. J. Lewis

Salk, L. 1968. On the prevention of schizophrenia. Diseases of the Nervous System, 29:11-15.

Reviews the literature and constitutional vs. environmental explanations of the origin of autism, presenting the view that the infant is predisposed to the illness (having weak response mechanisms and sensory deficiencies), and that early environmental conditions (e.g., maternal or sensory stimulation deprivation) can cause irreversible structural changes. Comparisons are made between animal responses and autism in children, describing characteristics of the autistic child. The necessity of a preventive approach is stressed.

Scarr-Salapatek, S. 1971. Race, social class, and IQ. Science, 174:1285-95.

Discusses the environmental disadvantage and genotype distribution hypotheses of the relationship between social class, race, and IQ. Predictions derived from these hypotheses were tested in a study of 992 white and Black 1st-12th grade twins. Social class was determined and scores on aptitude and achievement measures analyzed. The distribution of scores and their transformations, the analyses of data on twins, and the heritability and estimated proportions of variance in the scores by race and social class are presented. Results suggest that genetic variability is important in the advantaged and much

less important in the disadvantaged groups. It is suggested that changes in the pre- and postnatal environments of the disadvantaged are necessary to improve overall performance and the genetic variance of scores.

Schrimshaw, N. S. 1969. Early malnutrition and central nervous system function. Merrill-Palmer Quarterly, 15: 375-87.

Experimental studies with animals show the brain is most vulnerable to nutritional damage during the period when it is growing rapidly, but becomes relatively resistant thereafter. These changes in brain size are accompanied by alterations in the distribution and appearance of nerve cells in the brain and poorer performance on various tests of learning and behavior. The earlier nutritional deficiency is experienced, and the longer its duration, the more severe and lasting the consequences on the central nervous system. Deficiencies in protein which produce an imbalance relative to calories have markedly more pronounced effects than just food restriction. In animal studies reported in this paper, abnormalities did not occur if animals born of malnourished mothers were nursed thereafter by well-fed foster mothers. Studies conducted in Czechoslovakia (Frankova, 1968) on rats showed that those which were underfed showed less activity; those that were underfed and not stimulated showed the least activity, indicating that both environmental stimulation and adequate diet are necessary to normal development.

Next summarizes studies on children's malnutrition and learning, primarily in underdeveloped countries. Children in developing countries are usually adequately breast-fed for the first four to six months and develop normally. However, after six months breast milk does not provide adequate protein and the supplementary food the children get is usually so poor nutritionally that growth and development are slowed and susceptibility to infection increases. If breast feeding is stopped in first year, the diet replacement is so inadequate that the children develop mirasmus, a form of "severe, generalized undernutrition." He notes that mirasmus is on the increase in metropolitan areas where the lower class mothers imitate the early weaning practices of the middle- and upper-class without the knowledge or economic ability to provide proper food substitutes.

Describes the disease kwashiorkor meaning "first-second" whereby the first child when replaced at the breast by the second child develops "edema, pigmented and desquamating skin, changes in color and texture of hair, profound apathy, loss of appetite, diarrhea, fatty liver, and many psychological and biological changes." Frequently superimposed on mirasmus.

Stock and Smythe followed a group of 20 children malnourished during their first year; in later measurements, their head circumferences averaged an inch smaller than those of adequately nourished children matched for age and racial background; implies intracranial volume nearly 14% less. Winick, 1968, at the University of Chile, found that the brains of children dying of mirasmus before one year of age had less DNA; therefore, fewer cells.

Studies begun in 1958 in a small village in Mexico showed that children who were small for their age had lower test scores. Retarded growth among children in the community depended upon individual dietary history and infectious disease experience, and was unrelated to differences in housing, personal hygiene, proportion of income spent on food, and other indicators of social and economic status. Other studies clearly show that genetically determined differences in growth have little relationship to mental development, but differences in growth reflecting early malnutrition do show a relationship. Excellent survey. C. Hally

Seltzer, R. 1973. The disadvantaged child and cognitive development in the early years. Merrill-Palmer Quarterly, 19:241-252.

The "cultural deprivation syndrome" appears in such programs as Head Start at about age three, and is not really too visible before that. Hard to believe it appears fullblown. How shall we explain it?

We are no longer so willing to assume mothers of low SES uniformly deprive their children of stimulations. Patterns of child-rearing are not so widely different between classes as has been assumed; indeed, within-class variation is more impressive than mean differences on various measures. (Cites studies by Caldwell and Richmond, 1967; Bayley and Schaefer, 1964; and others). More promising than SES are scales measuring quality of maternal care. So, we are unclear about just what it is in the "deprived" home that causes the deficit. Would have hoped to learn much from the quasi-experimental enrichment programs with infants, but only Levenstein's work includes control groups. Infant has resistance to impact of a disadvantaged environment. Significant differences in IQ between lower and middle class children do not appear until age three. Studies of institutionalized children also do not show the expectable lag in intellectual development! Either the SES differences are not that important or we do not use tests sensitive to the effects involved. (See B. Caldwell.) Favors Piagetian style testing, and emphasis on the motivational/emotional factors in learning and response, in the psychoanalytic tradition, really (Goldfarb, 1955; Bowlby, 1965).

The "cumulative deficiency" hypothesis holds that differences do not appear until deprivation accumulates at age three. But, what accumulates? One idea is the "production deficiency hypothesis." The child acquires mechanisms but can we be sure he will use them, especially during a test? This turns us toward such variables as "expectancy of success" and "hope" (cf. Bruner, 1971). (See also Cole, et al., 1971.) But, we know little about infants' motivations; and, we know even less about what to do about them. "So here stand . . . appearance of the cultural deprivation syndrome around the third year and not before--waiting to be explained. . . ."

A knowledgeable critical approach to the literature which deflates some sacred cows (e.g., the explanatory power of SES) and clarifies how much we really do not know about causes of cumulative cognitive deficits in poor children. N. A. Polansky.

Spitz, R. 1946. Hospitalism: a follow-up report. In Psychoanalytic study of the child. Vol. II, pp. 113-17. New York: International Universities Press.

Reports follow-up information gathered at four monthly intervals for two years on the infants observed at Foundling Home. Three aspects of development received primary consideration: 1) bodily performance--whether the child could sit, stand, or walk; 2) intellectual capacity to handle materials--could child eat alone with a spoon and/or dress himself; and 3) social relations--how well does the child speak, is he toilet trained. The mental development of the children was extraordinarily retarded, as well as their physical development which by weight and height measurements was approximately one-half that of normal children at the same age. In addition, over the two year period of observation, the mortality rate for the youngsters was 37.1%! When after their fifteenth month these children were put in a more favorable, more stimulating environment with peers and adults, they failed to reverse their developmental imbalance. Specific therapeutic measures were not taken.

Spitz compares the above children with children in another institution where children were given social and emotional stimulation by peers and nurses. These children had a normal development intellectually and physically. A classic paper. C. Hall.

Vore, D. 1973. Prenatal nutrition and postnatal intellectual development. Merrill-Palmer Quarterly, 19:253-260.

Compact survey and position paper from Univ. of Oklahoma Medical Center. "Data are continually being reported which

indicate that the poverty life space contains many other factors which may limit the child's ability to profit from educational experiences to an equal or greater degree than that associated with cultural deprivation. One such factor has been identified as nutrition")p. 253f). Cites study of pregnant rats by Chow and Lee (1964), and Chow and Sherman (1965). Restricted maternal diet during pregnancy is associated with low body weight at birth. Deficits are not usually offset by adequate feeding later in life. Human mothers in poverty tend to have babies that weigh less than mothers in a favorable environment.

"Data have been reported which indicate that for rat pups malnutrition suffered by the organism in utero and up to 17 days after birth produces deficits in brain cell number which are apparently permanent" (Winick, 1969; Winick and Noble, 1966). Most severe depletion of brain cells is in those malnourished before and after birth. In humans number of cells in the brain increases in linear fashion until birth and then more slowly until 6 months of age. Evidence is that malnutrition causes up to 60% deficit in infant brain cells. Baby rats whose mothers were starved during gestation show less ability to learn mazes. There is other evidence of CNS disorder. To deal with education of the disadvantaged, a responsible society must attend also to nutrition, and especially prenatal nutrition. N. A. Polansky

Winnicott, D. 1955. The depressive position in normal emotional development. British Journal of Medical Psychology, 28:89-100.

This is Winnicott's classic paper, giving his version of one of Melanie Klein's theories. Depressive position is a normal stage of development occurring at age 6-9 months. Although it sounds ominous, it actually represents an achievement, since it indicates the infant is now capable of concern and guilt, with urges toward reparation and restitution. Likelihood of this achievement is very dependent on the mother's "holding the situation in time," by providing consistent care and the reassurance of her presence. Many severely disturbed do not reach this age (e.g., schizoid and psychotic individuals); certainly do not achieve a good resolution. Neglected children would fall into this category, and Winnicott specifies "common anxious restlessness" as a most readily observable, ominous sign in ordinary pediatric practice.
N. A. Polansky